

ADMI NISTRATI ON

OBTS Number 04932 37 ARREST / NOTICE TO APPEAR 17 OCT 20 5337 3. Request for... 4. Request for... 1 JUVENILE

Agency ORI Number 0500200 Agency Name Boca Raton Police Department Agency Report Number (N.T.A.'s only) 3, 2 | 2017-015469

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

If Weapon Seized  None/not Applicable Multiple Clearance Indicator

Location of Arrest (Including Name of Business) 4000 CLINT MOORE RD Location of Offense (Business Name, Address) 4000 CLINT MOORE RD, BOCA RATON, FL 33496

Date of Arrest 11/10/2017 Time of Arrest 23:12 Booking Date 11/10/2017 Booking Time 23:35 Jail Date 11/10/2017 Jail Time 00:10 Location of Vehicle EMERALD

DEFENDANT

Name (Last, First, Middle) LYDON, JENNA Alias: \_\_\_\_\_

Race W Sex F Date of Birth 10/04/1993 Height 5'07 Weight 130 Eye Color BROWN Hair Color BROWN Complexion LIGHT Build Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) \_\_\_\_\_ Marital Status S Religion \_\_\_\_\_

Local Address (Street, Apt. Number) (City) (State) (Zip) \_\_\_\_\_ Phone \_\_\_\_\_ Indication of Alcohol Influence Yes  No  Unk   
9819 LAGO DR, BOYNTON BEACH, FL 33472-2771 Residence Type: 1. City 3. Florida 2. County 4. Out of State | 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip) \_\_\_\_\_ Phone \_\_\_\_\_ Address Source FL DL

Business Address (Name, Street) (City) (State) (Zip) \_\_\_\_\_ Phone \_\_\_\_\_ Occupation Human Resources

D/L Number, State L350420938640 / Soc. Sec. Number \_\_\_\_\_ INS Number \_\_\_\_\_ Place of Birth (City, State) BARNSTABLE, MA, Citizenship US

CO-DEFENDANT

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

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

JUVENILE

Parent  Other: \_\_\_\_\_ Name (Last, First, Middle) \_\_\_\_\_ Residence Phone \_\_\_\_\_  
 Legal Custodian \_\_\_\_\_ (State) (Zip) \_\_\_\_\_ Business Phone \_\_\_\_\_

Address (Street, Apt. Number) (City) \_\_\_\_\_

Notified by: (Name) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ JUVENILE DISPOSITION  
1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

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

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

School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Property Crime?  Yes  No Description of Property \_\_\_\_\_ Value of Property \_\_\_\_\_

CODE

Drug Activity S. Sell R. Smuggle K. Disperse/ M. Manufacture/ Z. Other  
N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate  
P. Possess T. Traffic E. Use

Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description DUI Statute Violation Number 316.193(1) Violation of ORD # \_\_\_\_\_

Drug Activity N Drug Type N Amount / Unit \_\_\_\_\_ Offense # 2017-015469 Counts 1 Domestic Violence  Y  N Warrant / Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

CHARGE

Charge Description \_\_\_\_\_ Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

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

CHARGE

Charge Description \_\_\_\_\_ Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

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

IN TAKE

Health / Apparent Physical Condition of Defendant GOOD Any knowledge of the following:  Mental  Escape Risk  Medication  Deformities  Injuries Explain: \_\_\_\_\_

Check which applies:  Released O.R.  Released to Parent/Guardian  T.O.T. County Jail PROPERTY - Received By KIRK Released By KIRK Released To COUNTY JAIL  
 Posted Bond  South County Mental Health

Transported By \_\_\_\_\_ Date Transported \_\_\_\_\_ Time Transported \_\_\_\_\_ Other \_\_\_\_\_

NOTICE TO APPEAR

INSTRUCTION NO. 1 - Mandatory appearance in court  
 INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444  
Court Date and Time 12/04/2017 08:30:00

I ACKNOWLEDGE 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 11/10/17

ADMI NISTRATI ON

HOLD for Other Agency \_\_\_\_\_ Signature of Arresting Officer KIRK, ANDRAE Name Verification (Printed by Arrestee) Jenna Lydon  
 Dangerous  Resisted Arrest Name of Arresting Officer (Print) KIRK, ANDRAE I.D. # 808 (PRINT)  
 Suicidal  Other Transporting Officer RAFALKO I.D. # 779 Agency BRPD

Intake Deputy Spinn 8101 I.D. # \_\_\_\_\_ Pouch # \_\_\_\_\_ Witness here if subject signed with an "X". \_\_\_\_\_

2017 NOV 11 7:29 AM

PAGE 1 OF 1

NP

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	OBTS Number		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-015469</b>		
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>LYDON, JENNA</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/04/1993</b>
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other									
C H A R G E S	Charge Description <b>316.193(1) DUI</b>		Charge Description		Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth
	Charge Description		Charge Description						
V I C T I M	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	

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.  
 confessed to \_\_\_\_\_ admitting to the below facts.  
 was observed by **OFC FONG** who told **OFC KIRK** that he/she saw the arrested person commit the below acts.  
 was found to have committed the below acts, resulting from my (described) investigation.  
 On the **10** day of **November**, **2017** at **22:58** (Specifically include facts constituting cause for arrest.)

On 11/10/2017, Officer Bissoon and I responded to 4000 Clint Moore Rd, in reference to a traffic stop conducted by Officer Fong on a 2013, black Honda, bearing Florida tag HAJX50. We met with Officer Fong who informed me that Jenna Lydon was traveling westbound on Clint Moore Rd going 69 miles per hour in a 40 mile per hour zone.

According to Officer Fong, Lydon stated that she was coming from a Tap 42 in Boca Raton, and that she had approximately 3 to 4 drinks tonight.

I then approached Lydon's vehicle, while speaking to Lydon I could smell an odor of an alcoholic beverage emanating from her person, her eyes were blood shot and glossy, and she was slurring her speech. I then proceeded to ask if she had been drinking tonight, and Lydon advised that she had 3 or 4 drinks.

Based on my observations I asked Lydon to exit the vehicle and asked if she would submit to Roadside Sobriety Tasks. Lydon stated that she would perform the tasks. I then walked her over to a well-lit area and asked her if he had any medical problems or medical issues that would prevent her from performing the tests. Lydon advised that she had no medical or physical issues that would prevent her from conducting the tasks. The tasks conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first Standardized Field Sobriety Task was the Walk and Turn. Lydon was unable to maintain the starting position while listening to instructions. She stepped completely off the line during the task. Lydon made an improper turn by not conducting it the way I demonstrated. She failed to keep her feet heel to toe.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<b>CODLING, JEREMY R</b>		<b>KIRK, ANDRAE (808)</b>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	<b>11/11/2017</b>		<b>11/11/2017</b>	
DATE		DATE		
		PAGE 1 OF 2		

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3 2 2017-015469</b>
Agency ORI Number <b>FL 0500200</b>	Special Notes:		
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other
Name (Last, First, Middle) <b>LYDON, JENNA</b>	Alias	Race <b>W</b>	Sex <b>F</b> Date of Birth <b>10/04/1993</b>

The second Standardized Field Sobriety Test was the One-Leg-Stand. Lydon continuously swayed back and forth during the test. She used her arms to balance throughout the test and put her foot down 3 times. She didn't raise her foot six inches like she was instructed.

The third Standardized Field Sobriety Test was the Finger to Nose. (Left-Right-Left-Right-Right-Left). Lydon used the pad of her finger instead of the tip of her finger as instructed every turn. On the third right she raised her left hand and then corrected and brought her right finger up to her nose. On the third left she touched her right nostril.

The fourth Standardized Field Sobriety Test was the Rhomberg Alphabet, Lydon recited the alphabet correctly. She kept her hands on her hips and not down to her sides as instructed. She also added now I know my ABCS at the end of the alphabet.

Based on the above information I placed Lydon under arrest for DUI. I then transported her to Boca Raton Police Department. Officer Rafalko responded to Boca Raton Police Department as my Breath Test Operator to operate the intoxilyzer 8000. Officer Rafalko and I conducted the 20-minute observation and then she was taken into the BAT room. I asked Lydon to provide a breath sample. Lydon gave two valid samples of .162 and .169. I advised Lydon of her Constitutional Warnings and she advised she understood and would like to speak to an attorney before speaking any further.

Jenna Lydon is being charged under F.S.S. 316.193(1) for DUI. She was also issued a citation by Officer Fong for unlawful speed, violation of F.S.S 316.189(1). She was transported to the Palm Beach County Jail for further processing. Lydon's vehicle was towed by Emerald Towing.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  
*[Signature]*  
**CODLING, JEREMY R**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  
**11/11/2017**  
DATE

*[Signature]*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**KIRK, ANDRAE (808)**  
NAME OF OFFICER (PLEASE PRINT)  
**11/11/2017**  
DATE

PAGE  
2 OF 2

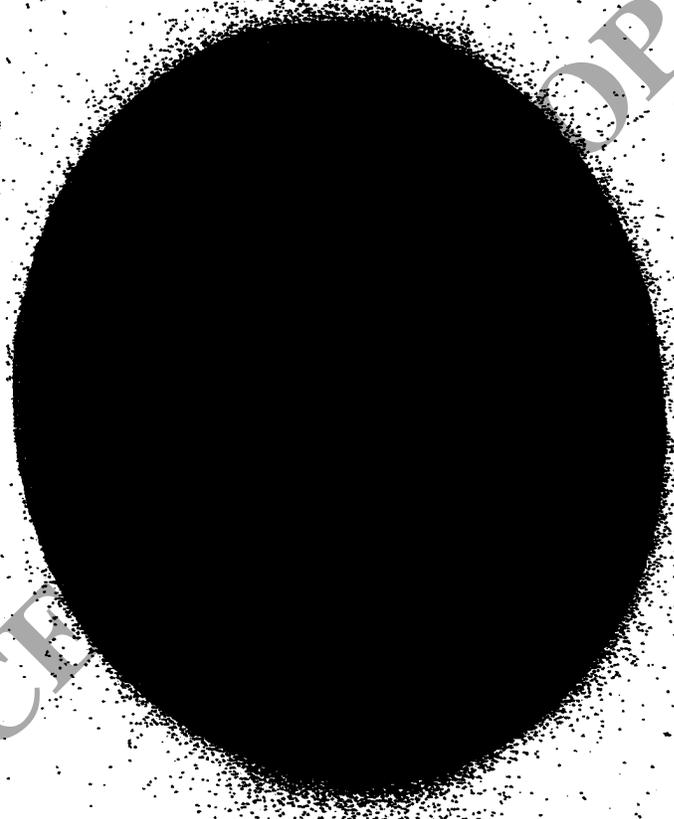
17-15469

1015 2258

OBSV ~~#3~~  
2335

# D. U. I. INFLUENCE

## REPORT



NOT A COPY

Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

Name: Ofc. McQuiston Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: 100 NW 2nd Ave Boca Raton

Can testify to: Back up

Name: Ofc. Fong Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: ||

Can testify to: ||

Name: Ofc. Renteria Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: ||

Can testify to: ||

Name: Ofc. Murphy Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: ||

Can testify to: ||

Name: Ofc. Todd Codling Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: ||

Can testify to: ||

Name: Ofc. Rafalko Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: ||

Can testify to: Breath Test

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

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BOCA RATON POLICE DEPARTMENT

Agency Case# 17-15469

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

I INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Friday, November, 10, 2017  
(day) (month) (date) (year)

B. The time is now approximately 1156 AM/PM

C. The following is in reference to case number 17-15469

D. Present at this time is Kirk/Bissoon/Rafalko of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Kirk Have you arrested Jenna Lydon  
(Defendant's name)  
In violation of Florida State Statute 316.193?

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

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

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

**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.*

**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. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) and the time \_\_\_\_\_ AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Jenna Lydon

CASE #: 17-15469 DATE: 11/10/17

BREATH TESTS RESULTS

1) TIME 1.62 2358 AM/PM 2) TIME 0.169 0001 AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Rafaliko

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Upset

CLOTHING: Black Tank top / Blue jeans

MEDICAL CONDITION: Depression

OTHER: \_\_\_\_\_

COMMENTS: Obs of alcohol emanating from person / Blood shot eyes

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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 SPEAK TO ME?

(X) Refuse

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? \_\_\_\_\_

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  No                     Inner ear trouble? Yes  No   
                  Glass Eye? Yes  No                     Ear Infection? Yes  No   
                  False Teeth? Yes  No                     Diabetes? Yes  No

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 1208 AM/PM

The date is: November (month) 11 (day) 2017 (year)

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: 11/11/2017

Date of Last Agency Inspection: 10/25/2017  
Observation Period Began: 23:35  
Subject's Name: JENNA LYDON

DOB: 10/04/1993 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	23:56
	Air Blank	0.000	23:56
	Control Test	0.078	23:57
	Air Blank	0.000	23:57
	Subject Sample #1	0.162	23:58
	Air Blank	0.000	23:59
	Air Blank	0.000	00:01
	Subject Sample #2	0.169	00:01
	Air Blank	0.000	00:02
	Control Test	0.077	00:03
	Air Blank	0.000	00:03
	Diagnostics Check	OK	00:03

Cylinder Lot: 01316080A1  
Exp: 02/05/2013

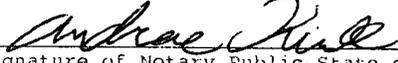
State of Florida, County of Palm Beach

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 TRAVIS A. RAFALEO, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator:  Date: 11/11/17  
Signature

Sworn to (or affirmed) before me this 11<sup>th</sup> day of November, 2017

 Andrae Kirk  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.