

JKT # 0484474

PC# 116

ARREST / NOTICE TO APPEAR

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 2017-000655		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: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator													
	Location of Arrest (Including Name of Business) 701 W YAMATO				Location of Offense (Business Name, Address) 701 W YAMATO RD, BOCA RATON, FL 33431													
	Date of Arrest 01/13/2017		Time of Arrest 23:56		Booking Date 01/14/2017		Booking Time 00:06		Jail Date		Jail Time		Location of Vehicle TOWED TO WESTWAY					
	Name (Last, First, Middle) BURNS, JOAN CULLEN				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:													
C O D E F	Race W - White B - Black W		Sex M - Male F - Female F		Date of Birth 01/01/1966		Height 5'07		Weight 225		Eye Color GREEN		Hair Color BLONDE		Complexion LIGHT		Build Medium	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S		Religion NONE		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source FL DL			
	Local Address (Street, Apt. Number) 9702 LANCASTER PLACE, BOCA RATON, FL 33434				(City)		(State)		(Zip)		Phone (561) 293-9781							
	Permanent Address (Street, Apt. Number) 9702 LANCASTER PLACE, BOCA RATON, FL 33434				(City)		(State)		(Zip)		Phone (561) 293-9781							
J U V E N I L E	Business Address (Name, Street) SELF EMPLOYED,				(City)		(State)		(Zip)		Phone (561) -		Occupation Hairdresser/					
	DL Number, State B652483665010 / FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) MIAMI BEACH, FL,		Citizenship US							
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____				Name (Last, First, Middle)				Residence Phone									
	<input type="checkbox"/> Legal Custodian				Address (Street, Apt. Number)				(City)				(Zip)					
	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					
I N T A K 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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____				School Attended				Grade									
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property									
	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					
N O T I C E T O A P P E A R	Charge Description DUI				Statute Violation Number 316.193(1)				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense # 2017-000655		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond			
	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		Warrant / Capias Number		Bond			
A D M I N I S T R A T I O N	Health / Apparent Physical Condition of Defendant GOOD				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 Explain:													
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By TYSON				Released By TYSON				Released To CJ					
	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) South County 200 W Atlantic Ave Delray Beach, FL 33444				Court Date and Time 02/13/2017 08:30:00									
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.				Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]				Date Signed 1/14/17									
	HOLD for Other Agency				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) 789									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) TYSON, THOMAS R.				I.D. # 789				(PRINT)					
	Intake Officer Thomas				Pouch #				Transporting Officer D. Graham				I.D. # 173					
								Agency BRPD				Witness here if subject signed with an "X".						

SCANNED
JAN 14 2017
JAN 17 2017

OBT Number		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	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-000655					
	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					Special Notes:				
D E F E N D A N T	Name (Last, First, Middle) BURNS, JOAN CULLEN					Race W	Sex F	Date of Birth 01/01/1966		
	Alias									
C H A R G E S	Charge Description 316.193(1) DUI					Charge Description				
	Charge Description					Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida					Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source		
	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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 13 day of January, 2017 at 23:56 (Specifically include facts constituting cause for arrest.)</p> <p>The following incident occurred on December 13, 2017 in the City of Boca Raton, Palm Beach County, FL.</p> <p>At 2300hrs, Ofc Jesioneck and I were dispatched to 701 W Yamato Rd (McDonalds) in reference to an accident. Upon arrival, I observed a black Jeep bearing FL tag AYDT24, parked in a parking space on the south side of the McDonalds and a silver Cadillac bearing FL tag CYKW25, backed into a parking spot next to the black Jeep. I met with Barbara Guidice, identified by her FL DL, who was sitting in the driver seat of the Cadillac. She advised that she had been in a minor accident. She stated that her neck was injured and needed attention. Boca Raton Fire Rescue was dispatched to the scene. There was no driver inside of the Jeep.</p> <p>After speaking with Barbara, she stated that she was in line for food at the McDonalds when she was rear ended by a black Jeep. Both vehicles pulled off to the parking spaces. Barbara advised that she saw a blonde female wearing a black shirt and blue tie die pants driving the vehicle, later to be identified as Joan Burns (FL DL). She spoke with the women, who stated "I'm sorry" and did not want to call the police. Barbara advised that Joan appeared drunk and was stumbling. Joan offered to pay for the vehicle and advised not to call police. Barbara advised that there were no passengers in the car and she saw Joan exit the driver seat of the vehicle.</p> <p>After speaking with Barbara, I observed a blonde woman wearing a black shirt and tie die pants walking towards the vehicles. Barbara pointed out that she was the driver of the black Jeep. I spoke with Joan who advised that she rear ended the silver Cadillac in the line at McDonalds. While speaking with Joan, I observed the odor of alcohol emanating from her breath and observed her swaying and having trouble balancing.</p> <p>I spoke with passenger of the silver Cadillac, Danielle DeCoursey (identified by</p>										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	IMMLER, DOUGLAS J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					TYSON, THOMAS ROBERT (789) NAME OF OFFICER (PLEASE PRINT)				
	01/14/2017 DATE					01/14/2017 DATE				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

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OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-000655			
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Name (Last, First, Middle) BURNS, JOAN CULLEN				Alias	Race W	Sex F	Date of Birth 01/01/1966

her FL DL). She advised that they were rear ended in the food line at McDonalds. She advised that she observed Joan in the driver seat of the black Jeep. She advised that she did not see any passengers in the vehicle. Both Barbara and Danielle filled out witness statements. Witness statements were submitted into evidence.

Based upon the odor of alcohol, witness statement and traffic crash, Joan was placed in front of BRPD Vehicle #303. Joan was read her Constitutional warnings. Joan advised that she understood her rights and would answer questions. Joan advised that she was driving the car and that she rear ended the car in the food line at McDonalds. She advised that she was coming from work. She advised that she had not been drinking. During questioning, Joan swayed and had the odor of alcohol emanating from her breath. After the traffic crash investigation was completed, Joan was informed that the DUI investigation was about to begin.

Joan was asked to complete Standardized Field Sobriety Task (SFST). She advised she would complete the tasks. Joan stated that she had arthritis in her right foot but would be able to walk and complete the tasks.

The first task administered was the Horizontal Gaze Nystagmus. While performing the task, Joan moved her head and had trouble focusing on the tip of the pen. I observed the lack of smooth pursuit in both directions and in both eyes. I observed the onset of Nystagmus prior to 45 degrees in both directions and in both eyes. I observed distinct and sustained Nystagmus at maximum deviation in both eyes and in both directions. It should be noted that during the task, Joan swayed front to back and had glassy and bloodshot eyes along with the odor of alcohol emanating from her breath.

The second task administered was the Walk and Turn. While Joan was placed in the starting position as I read the directions, Joan had trouble maintaining the starting position. She lost her balance multiple times. Joan stated that she understood the directions. Joan started before I advised her to start. While performing the task, Joan did not touch heel to toe. Joan also did not count aloud and used her arms for balance. She made a wrong turn after 9 steps. She made 10 steps on the way back.

The third task administered was the One Leg Stand. Joan advised that she understood the directions. She raised her right leg off of the ground. She did not count aloud. She used her arms for balance and swayed. She dropped her foot multiple times to the ground. After the task was complete, she had trouble maintaining her balance.

The fourth task administered was the Finger to Nose. I demonstrated the task and Joan advised that she understood the directions. The test was administered in the pattern of L-L-R-L-R-R-L. Joan kept her eyes open the duration of the task. Joan did not touch the tip of her nose with her finger during any of the task. During the 6th direction (Right), Joan raised her left arm halfway and then raised her right.

SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width:45%;"> IMMLER, DOUGLAS J <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</small> 01/14/2017 <small>DATE</small> </div> <div style="width:45%; text-align: center;"> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> TYSON, THOMAS ROBERT (789) <small>NAME OF OFFICER (PLEASE PRINT)</small> 01/14/2017 <small>DATE</small> </div> </div>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width:45%;"> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> TYSON, THOMAS ROBERT (789) <small>NAME OF OFFICER (PLEASE PRINT)</small> 01/14/2017 <small>DATE</small> </div> <div style="width:45%; text-align: center;"> 789 <small>PAGE</small> 2 OF 3 </div> </div>
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The fifth task administered was the Rhomberg Alphabet. Joan stated that she knew the English Alphabet. Joan recited the alphabet A-Q correctly , when she got to the letter Q, she used a rhythmic tone to finish the rest of the alphabet to Z.

Based upon my investigation, Joan Burns was placed under arrest for DUI, a violation of FSS 316.193(1). Joan was taken to Boca Raton Police Department Holding Facility where she refused breath sample after being read Implied Consent. Joan's car was removed by Westway towing. Joan was turned over to Palm Beach County Jail.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME			
	IMMLER, DOUGLAS J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	01/14/2017 DATE		TYSON, THOMAS ROBERT (789) NAME OF OFFICER (PLEASE PRINT)	
			01/14/2017 DATE	

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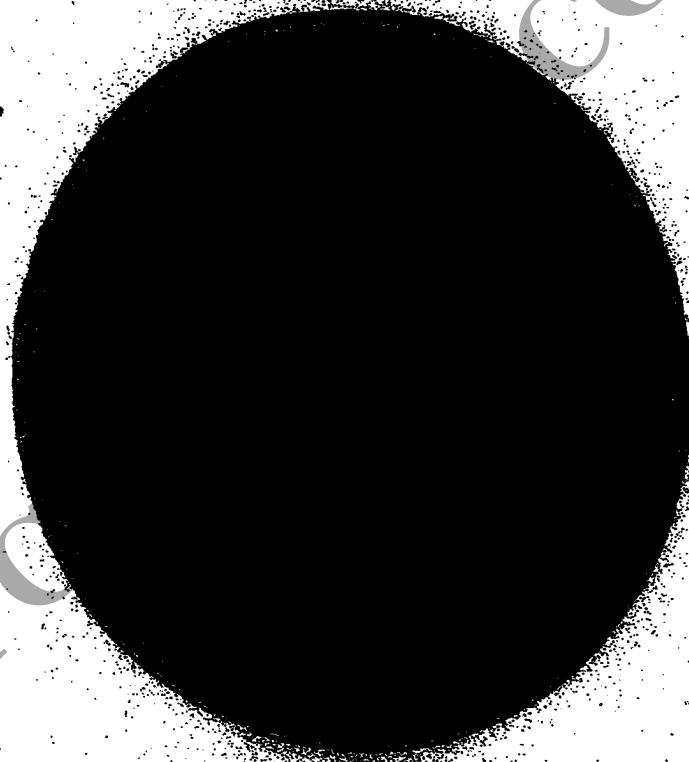
CRIME ANALYSIS

SCANNED

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2017-000655

D. U. I. INFLUENCE REPORT



**Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432**

SCANNED
JAN 17 2017

WITNESS LIST

ARRESTING OFFICER: Tyson, # 789

Name: JPSIORK #531 Phone # Home — Work —

Address: BRPD

Can testify to: Breath Test

Name: Danielle DeCoster Phone # Home 585-722-5963 Work —

Address: 18111 Diamond Cove Ct, Tampa, FL 33647

Can testify to: See Written Statement

Name: Barbara Giudice Phone # Home 585-503-8784 Work —

Address: 5338 Bog Making Cir N, Bogston, FL 33487

Can testify to: See Written Statement

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: —

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-000655

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 Officer Tyson of the Boca Raton P.D.

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: Vicko

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. Burns has refused to submit to a breath test.

The date is Jan (Month) 14 (Day) 2017 (Year) and the time 1256 AM/PM

A refusal form will be completed by the arresting officer.

SCANNED

JAN 17 2017

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Burns, Joan C

CASE #: 2017-000655 DATE: 1-14-17

BREATH TESTS RESULTS

1) TIME Refused/12:51 AM/PM 2) TIME AM/PM
3) TIME AM/PM 4) TIME AM/PM

BREATH OPERATOR: Josiah 531

MAINTENANCE TECHNICIAN: Pete 671

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slow

ATTITUDE: Quiet

CLOTHING: Black 4/5 shirt, multi-colored pants, flip flops

MEDICAL CONDITION: None

OTHER: No medications

FL D/L# B652-483-66-501-0 (1-1-66)

COMMENTS: 10-15-2256 hours To 161-0025 hours

odor of an alcoholic beverage coming from

mouth. red & glassy eyes.

Agency Case #

2017-000655

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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)

Video

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? _____

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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 ☐ 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 12:54 AM/PM

The date is: Jan (month) 14 (day) 2017 (year).

SCANNED

JAN 17 2017

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

I, Ofe T. Tyson #789 a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)

Officer, am a member of Boca Raton Police Dept, and I do swear
(Name of enforcement agency)

or affirm that on or about the 13 day of Jan, 20 17, at 11:56 P.M. A.M.
(Circle One)

NAME Joan Cullen Burns
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# B652-483-66501-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofe T. Tyson #789 and
(Name of Arresting Officer)

issued Citation # HELPW2E

That on or about the 14 day of Jan, 20 17, at 12:51 P.M. A.M.
(Circle One)
in Boca Raton 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] 789
Signature of Law Enforcement Officer or
Correctional Officer

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

(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 _____

The foregoing instrument was sworn and subscribed before me
Ofe T. Tyson #789
Signature of Attesting Officer

Title Police Officer

Date 01-04-17

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. If no DUI arrest is made, attach HSMV 78005 (Notice of Commercial Driver's License/Privilege Disqualification).

HSMV 78054 (Rev. 06/13)

2017-000655

**SCANNED
JAN 17 2017**