0504 0667

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral

1 713 JUVENILE

SB

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200

Agency Name: Boca Raton Police Department

Agency Report Number (N.T.A.'s only): 3 2 2019-000898

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type: None/not Applicable

Multiple Clearance Indicator: N

Location of Arrest (Including Name of Business): 1 S FEDERAL HWY, BOCA RATON, FL

Location of Offense (Business Name, Address): 1 S FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/18/2019	17:38	01/18/2019	17:48	01/18/2019	00:00	EMERALD TOWING

DEFENDANT

Name (Last, First, Middle): MEEHAN, JOHN

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/12/1951	5'09	240	BLUE	WHITE	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: M Religion: CHRISTIAN

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk; Drug Influence ☒ Yes ☐ No ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 2530 BANYAN RD 1, BOCA RATON, FL 33432 — Phone: (781) 971-1900

Residence Type: 1. City 3. Florida 2. County 4. Out of State: 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2530 BANYAN RD 1, BOCA RATON, FL 33432 — Phone: (781) 971-1900

Address Source: MADL

Business Address (Name, Street) (City) (State) (Zip) — Phone:

Occupation: Retired

D/L Number, State: S37971572 / MA [redacted]

INS Number:

Place of Birth (City, State): BOSTON, MA, United

Citizenship: US

CO-DEF

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: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION: 1. Handled/Arrested/Taken to 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.
☐ Yes, by: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

FILED
JAN 19 2019
SHARON R. BOCK
Clerk & Comptroller

CODE

Drug Activity: N. N/A; P. Possess; S. Sell; B. Buy; T. Traffic; R. Smuggle; D. Deliver; E. Use; K. Disperses/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/Derv.; S. Synthetic; U. Unknown; Z. Other

CHARGE

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

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

INTAKE

Health / Apparent Physical Condition of Defendant: FAIR

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail

PROPERTY - Received By: VAN CAMP — Released By: VAN CAMP — Released To: PBCJ

Transported By — Date Transported: 01/18/2019 — Time Transported: 00:00 — 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: 02/25/2019 08:30:00

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 WILFULLY 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.

X _____
Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): VAN CAMP, J. A. — I.D. #: 747

Name Verification (Printed by Arrestee) (PRINT): JAN 18 PM10:08

Transporting Officer: Mc Quiston — I.D. #: 785 — Agency: BOCA

Witness here if subject signed with an "X".

D/S. C. GILYARD #7392

PAGE 1 OF 1

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2019CT003803AXXSB

Received WB
JAN 22 2019

SM

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 2019-000898

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MEEHAN, JOHN		W	M	03/12/1951

CHARGES

Charge Description	Charge Description
316.193(1) DUI	
Charge Description	Charge Description

VICTIM

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) -	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 18 day of January, 2019 at 16:28 (Specifically include facts constituting cause for arrest.)

On 1-18-2019 at 1605 hours, while on routine patrol I observed a W/M, later identified as John Meehan (via Massachusetts DL), traveling northbound on N. Federal Hwy. on a white scooter bearing Fl Tag#7260RX. As I was following the scooter, it was weaving in and out of its lane and it appeared as if he was going to collide with another vehicle that was traveling parallel with the scooter. The scooter then came to the intersection of E. Palmetto Park Rd. and N. Federal Hwy and failed to come to a complete stop at a solid red-light. The scooter also took a wide turn and failed to stay in the far right lane while turning westbound. Concerned that the driver was either sick, injured or possibly impaired I conducted a traffic stop on the car and made contact with Meehan. Upon speaking with Meehan I immediately detected a strong odor of an alcoholic beverage coming from Meehan`s breath. Meehan informed me that he is traveling to his residence which is located south of his current location. Meehan also displayed slurred speech and he was uneasy on his feet. I also noticed that his zipper to his pants was down. As I was speaking with Meehan, I noticed that there was a full Bud Light bottle inside of his scooter cup holder, Meehan said that he had not drank any beer today though. At this point Meehan informed me that he takes Percocet for pain and that he had ingested the medication a few hours ago. Officer Rosenthal and Officer Martinez arrived on scene a short time later.

Meehan walked to the front of my marked police vehicle and informed me that he had consumed "one beer" at his house before traveling to KFC to eat food. Meehan stated again that he is prescribed Percocet for pain and took the medication a few hours ago. Meehan advised that the pain medication usually lasts an entire day. I explained my observations to Meehan and requested that he consent to the standard roadside exercises to dispel my alarm he was driving impaired. Meehan became very evasive and suggested that he "just park" the scooter and go on his way. I told Meehan that I needed to make sure that he was not driving impaired. Meehan eventually provided consent to the tasks.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T #704
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/18/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

VAN CAMP, JEFFERY ALAN (747)
NAME OF OFFICER (PLEASE PRINT)

01/18/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

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	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-000898

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MEEHAN, JOHN		W	M	03/12/1951

PROBABLE CAUSE STATEMENT

The first task was the Horizontal Gaze Nystagmus. As we were about to begin the first task, Meehan stated, "dude I also smoked weed today too!" Meehan went on to say that he smoke marijuana today about an hour ago. He then asked if I was going to arrest him. I explained to him that we needed to get through the exercises. We started the exercise again and Meehan said now that he can`t do the task because he`s "deaf and he has glaucoma."

I attempted to have Meehan attempt another task but he kept stating that he cant do them. At this point I informed Meehan that the tasks were voluntary but he if he refused to attempt the task I would but forced to make a decision based on my observations. Meehan again stated that he can`t do the task.

At 1633 hours, I placed Meehan under arrest for DUI per F.S.S. 316.193(1) and transported him to the Boca Raton Police Department Booking Facility where I conducted the 20 minute observation period. Ofc. Fong responded and conducted the Intoxilyzer 8000. Meehan refused to provide a legal sample of his breath, I read him implied consent and again he refused.

Meehan`s vehicle was towed to Emerald Towing.

Meehan was later taken to the Palm Beach County Jail for final disposition.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/18/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

VAN CAMP, JEFFERY ALAN (747)
NAME OF OFFICER (PLEASE PRINT)

01/18/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

1628
1650

OFFICER
JEFFREY VAN CAMP

BRPD
2019-898

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

ARRESTING OFFICER: JEFFREY VAN CAMP

Name: OFC. JOSE MARTINEZ Phone # _____ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK-UP

Name: OFC. DAVID ROSENTHAL Phone # _____ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK UP

Name: OFC. KENNETH FONG Phone # _____ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BREATH TECH. OPERATOR.

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2019-598

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is FRIDAY (day), JANUARY (month), 18 (date), 2019 (year).

B. The time is now approximately 5:11 AM/~~PM~~.

C. The following is in reference to case number 2019-598.

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

E. Officer VAN CAMP, have you arrested JOHN MEEHAN (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? YES

G. ~~Mr.~~/Mrs./Ms. JOHN MEEHAN, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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II. 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 the presence of chemical or controlled substances.

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.

I am OFC. VAN CAMP of the BOCA RATON PD.

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: _____

Note: 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.

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

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. JOHN MEEHAN has refused to submit to a breath test.

The date is JANUARY (month), 18 (day), 2019 (year), and the time is _____ AM/(PM).

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: JOHN MEEHAN

CASE #: 2019 - 898 DATE: 1/18/19

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: OFC. FONG

MAINTENANCE TECHNICIAN: OFC.

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET,

CLOTHING: BLUE T-SHIRT, TAN SHORTS, BROWN SANDALS

MEDICAL CONDITION: PROSTATE CANCER, ARTHRITIS.

OTHER: _____

COMMENTS: _____

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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.
(2) Any statement you make must be freely and voluntarily given.
(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.
(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.
(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.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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

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How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects 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? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ 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 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 video recording. The time is now approximately 5:17 AM/PM

The date is JANUARY (month), 18 (day), 2019 (year).

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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: 01/18/2019

Date of Last Agency Inspection: 12/27/2018
Observation Period Began: 16:50
Subject's Name: JOHN A MEEHAN DOB: 03/12/1951 Sex: M

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	17:14
Air Blank	0.000	17:14
Control Test	0.078	17:15
Air Blank	0.000	17:15
Subject Sample #1	REF*	17:15
Air Blank	0.000	17:16
Control Test	0.078	17:16
Air Blank	0.000	17:17
Diagnostics Check	OK	17:17

*Subject Test Refused

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (X) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I KENNETH FONG, 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: 1/18/19
Signature

Sworn to (or affirmed) before me this 18 day of JANUARY, 2019

_____ J. VanCamp
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

I, JOHN MEEHAN (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of BOCA RATON PD (Name of law enforcement agency), and I do swear or affirm that on or about the 18 day of JANUARY, 20 19, at 5:17 ☒ P.M ☐ A.M.

DRIVER JOHN (FIRST NAME) A (MIDDLE OR MAIDEN NAME) MEEHAN (LAST NAME),
(Type or Print)

DL# S-37971572, state of MASSACHUSETTS, was placed under lawful arrest for the offense of DUI by JEFFREY MEEHAN (Name of Arresting Officer) and issued Citation # A6LQ6KE.

That on or about the 18 day of JANUARY, 20 19, at 5:17 ☒ 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 POLICE OFFICER

Date 1/18/19

(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.

HSMV-BAR1001 (REV. 10/2016)

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PALM BEACH COUNTY
SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2019002190	**Date:** 1/19/2019
	Specialist Name/ID: LR/ #6673