

0488324

ARREST / NOTICE TO APPEAR

2231

OBTS Number			ARREST / NOTICE TO APPEAR						Request for Warrant		1 JUVENILE	
Agency ORI Number		Agency Name		Agency Report Number (N.T.A. only)						1		
0500200		Boca Raton Police Department		3 2 2017-07622						JUVENILE		
Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)						None/not Applicable				
800 MEADOWS RD		27 ROYAL PALM WAY, BOCA RATON, FL 33432										
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		
05/25/2017		22:42		05/25/2017		22:52						
Name (Last, First, Middle) DIMEO, JONATHAN CHARLES												
Alias: 												
Race: W - White I - American Indian B - Black O - Oriental/Asian Sex: W M Date of Birth: 07/06/1981 Height: 5'11 Weight: 200 Eye Color: Hair Color: BROWN Complexion: LIGHT Build: Medium												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												
Local Address (Street, Apt. Number) 10 FLINT WAY, BOYNTON BEACH, FL 33426 (City) (State) (Zip) Phone: 												
Permanent Address (Street, Apt. Number) 10 FLINT WAY, BOYNTON BEACH, FL 33426 (City) (State) (Zip) Phone: 												
Business Address (Name, Street) (City) (State) (Zip) Phone: Occupation: SUBJECT												
DL Number, State		SS#		IN# Number		Place of Birth (City, State)		Citizenship				
D500423812460 / FL						NEW JERSEY, NJ						
Co-Defendant Name (Last, First, Middle) Race: Sex: Date of Birth: <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor												
Co-Defendant Name (Last, First, Middle) Race: Sex: Date of Birth: <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor												
Parent <input type="checkbox"/> Other: Name (Last, First, Middle) Residence Phone: Legal Custodian 												
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone: 												
Notified by: (Name) Date: Time: JUVENILE DISPOSITION <input type="checkbox"/> 1. Held/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated												
Released To: (Name) Relationship: Date: Time: 												
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.												
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property												
Drug Activity S. Sell R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown N. N/A C. Cocaine M. Marijuana O. Opium Deriv. Z. Other D. Buy D. Deliver E. Use A. Amphetamine E. Heroin S. Synthetic P. Possess T. Traffic												
Charge Description BATTERY ON A LAW ENFORCEMENT OFFICER Statute Violation Number 784.07(2B) Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number
N				/		2017-007622		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description DUI - PROPERTY DAMAGE Statute Violation Number 316.15(3)(b)(3c) Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number
N				/		2017-007622		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description Statute Violation Number Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number
Health / Apparent Physical Condition of Defendant Any knowledge of the following: <input type="checkbox"/> Men <input type="checkbox"/> Women <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 On <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health		PROPERTY - Received By BISSOON						Released By BISSOON		Released To COUNTY JAIL		
Transported By		Date Transported / / Time Transported : Other 										
<input type="checkbox"/> INSTRUCTION NO. 1: Mandatory appearance in court <input checked="" 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 D Boy Beach, FL 33444						Court Date and Time 2017-05-27				
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.								No Photo Available				
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed 2017-05-27										
HOLD for Other Agency		Signature of Arresting Officer Stephan R. BISSOON						Name Verification (Printed by Arrestee) AM 5:55				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) STEPHEN R. BISSOON ID # 664						(PRINT)				
Inmate Deposit D/S T. BURNSIDE #5406		Transporting Officer ole Conford ID # 663 Agency BRPD						PAGE 1 OF 1				
								Witness here if subject signed with an "X".				

MAY 27 2017

A D M I N I S T R A T I V E	OBTS Number	PROBABLE CAUSE AFFIDAVIT			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 2017-007622	Special Notes:					
D E F	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	5. Ordinance <input type="checkbox"/> 6. Other	Alias		Race	Sex	Date of Birth	
C H A R G E S	Name (Last, First, Middle) DIMEO, JONATHAN CHARLES				W	M	07/06/1981		
V I C T I M	Charge Description 316.193(3A). DUI (INJURY TO PERSON OR PROPERTY)		Charge Description 784.07(2B) BATTERY ON A LAW ENFORCEMENT OFFICER		Charge Description				
Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race	Sex	Date of Birth			
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(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 resonable 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 type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 25 day of May, 2017 at 22:42 (Specifically include facts constituting cause for arrest)</p>									
<p>Victim # 2 Ofc S. Bissoon ID#664</p> <p>On 05/25/2017 I responded to 27 Royal Palm Way in reference to a two car accident gray Hyundai bearing NJ tag# Y17GCW and white GMC bearing FL tag#EMQB98. BRFD and Ofc Deen were on scene. Ofc Deen advised that she believed that the driver Jonathan Dimeo was possibly under the influence. See accident report for further details.</p> <p>BRFD placed Dimeo onto a stretcher and placed him in the ambulance to give him further treatment. While inside the ambulance I could smell a strong odor of an alcoholic beverage emanating from his person as he lay on the stretcher passed out. BRFD continued to treat Dimeo as Ofc Deen stood by in the ambulance with Dimeo.</p> <p>I then spoke with witness Amanda Gonzalez who advised that while she was driving home from a restaurant in Deerfield and travelling north bound on Federal Hwy she observed Dimeo who was driving a gray Hyundai speeding to the red-light and cut over two lanes and clipped an SUV and drove over to the next lane and ran the red light. The SUV that was hit did not pull over and continued north bound on Federal Hwy. Gonzalez advised that Dimeo kept on driving and when she turned onto SW 18th St she saw a male holding the driver side door of Dimeo's Hyundai because Dimeo was trying to leave the scene. Gonzalez advised that Dimeo was heavily tattooed, neck and arms wearing a black shirt. Gonzalez advised that she went to the passenger side and Dimeo appeared to be nodding out. He would wake up and then doze off like he was drunk or using opioids. Gonzalez advised that Dimeo hit two cars one in Hillsboro and Federal and then the other vehicle at SW 18th St and S Dixie.</p>									
ADMINISTRATIVE	<p>SWORN AND SUBSCRIBED BEFORE ME <i>J. 73</i> WOLLSCHLAGER, ANTHONY J. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><i>05/26/2017 SCANNED MAY 27 2017</i></p>				<p><i>St. Gley</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BISSOON, STEPHEN R. (664)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>05/26/2017</p> <p>DATE</p>				

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
A D M I N I T U T E R E S T A T E M E N T	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-007622						
N O T E S A B B L E M E N T	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:					
D E F	Name (Last, First, Middle) DIMEO, JONATHAN CHARLES		Alias		Race W	Sex M	Date of Birth 07/06/1981		
<p>I met with Dimeo and Ofc Deen at Boca Regional and tried to ask him what happened during the accident. (It should be noted that Ofc Deen placed Dimeo into handcuffs while inside the ambulance due to Dimeo being combative in the ambulance as he was being treated by BRFD. Dimeo was only handcuffed for safety precautions so he would not strike any of the paramedics that were trying to render aid to Dimeo). Dimeo stated that he was parked at the light and someone struck his vehicle at the light. Dimeo was also slurring his speech and his eyes were blood shot and glossy. I then read Dimeo his Constitutional Warnings in the presence of Ofc Deen and Ofc Reissi. I advised him that the crash investigation was over and now I was conducting a criminal investigation. While speaking with him he became aggressive and said "criminal this dick" and leaned back on the bed. I then advised Dimeo that he was now under arrest for DUI and attempted to secure him to the hospital bed. Ofc Deen grabbed his left hand to place the handcuffs on his hand and to the hospital bed. I grabbed his right hand to keep Dimeo from hitting me or Ofc Deen. Dimeo was pulling, tensing and pushing as he tried to grab my thumb, as I tried to place handcuffs on his right hand. I told him to stop grabbing my finger and he stated "when I see you on the street I am going to knock your jaw out". As Ofc Deen applied the handcuffs to the bed I was holding Dimeo forearm and then Dimeo grabbed my hand and I told him to let go of my hand several times. Dimeo eventually let go of my hand. Dimeo was belligerent and called us all kinds of derogatory names.</p> <p>I then spoke to Dr Beattie at 2327hrs and he advised that Dimeo would be at the hospital for an extended period of time before he would be medically cleared. Due to the length of time that he would be at the hospital breath was impractical. I then asked Dimeo if he would provide a blood sample at which time he refused. I then read him his Implied Consent Warnings and asked him if he would provide a blood sample and Dimeo kept on saying that he would provide a breath sample. He kept on being belligerent and saying that he would give a breath sample but not a blood sample. So at 2332hrs Dimeo refused to provide a blood sample.</p> <p>Based on the above information Jonathan Dimeo is being charged under F.S.S 784.07(2b) for battery on law enforcement officer as well as F.S.S 316.193(3a) for DUI with property damage/personal injury. He was cleared at Boca Regional and then transported to PBCJ. Dimeo's vehicle was towed by Emerald and the GMC left the scene without further incident.</p>									

ADM IN I ST R A T I V E	SWORN AND SUBSCRIBED BEFORE ME WOLLSCHLAGER, ANTHONY J. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) SCANNED 05/26/2017 MAY 27 2017 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT) 05/26/2017 DATE	PAGE 2 OF 2
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

2017-7622

1015:2242

D. U. I. INFLUENCE REPORT

NOTA
COPY

Boca Raton Police Services Department
100 Northwest Second Avenue

SCANNER 2017
Boca Raton, Florida 33432

Probable Cause Affidavit

On the _____ Day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

SCANNED
MAY 27 2017

ROADSIDE TASKS

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation

- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg

stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern) _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,

Sworn and subscribed before me this _____ (date) By: _____

Notary/Clerk of Court/
Officer (F.S. 117.10)

Signature of arresting officer

Date

Name of Officer (please print)

Page 2

PART ONE

WITNESS LIST

ARRESTING OFFICER: _____

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: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

SCANNED
11/27/2017

BOCA RATON POLICE DEPARTMENT

Agency Case# _____

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

L. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: _____, _____, _____, _____, _____
(day) (month) (date) (year)

B. The time is now approximately _____ AM/PM

C. The following is in reference to case number _____

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

E. Officer _____, Have you arrested _____ (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. _____, I am required to
Inform you these proceedings are being video taped.

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

BOCA RATON POLICE DEPARTMENT

Agency Case # _____

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.

JUVENILE

CONSTITUTIONAL WARNINGS

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

SCANNED
MAY 27 2017

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: _____

CASE #: _____ DATE: _____

BREATH TESTS RESULTS

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

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

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

BOCA RATON POLICE DEPARTMENT

Agency Case # _____

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) _____

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? _____

Agency Case # _____

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 _____ AM/PM

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

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

I, Olc Bissan, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton PD, and I do swear
(Name of law enforcement agency)

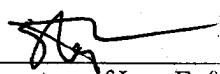
or affirm that on or about the 25 day of May, 20 17, at 2242 P.M. A.M.

DRIVER Jonathan Charles Jimenez, FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
(Type or Print)

DL# DS06423812460, state of Florida, was placed under lawful arrest for
the offense of DUI by Olc Bissan (Name of Arresting Officer)
issued Citation A 6L PX JE.

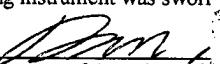
That on or about the 25 day of May, 20 17, at 2332 P.M. A.M.
in Palm Beach County,

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 committed 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 (I. 117.10)

The foregoing instrument was sworn and subscribed before me:


Signature of Notary Public

Title Police Officer
Date 5/26/17

Note: Mail or hand 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 probable cause affidavit.

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before me this 26 day of May, 20 17,
by Notary Public,
who is personally known to me or who has produced as identification
Notary Public _____