USO2216/1379

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number (N.T.A.'s only): 06- 18132921

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

Weapon Seized / Type: 1 (1. Yes 2. No) Revolver | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): FOREST HILL BLVD / S MILITARY TRAIL, WEST PALM BEACH FL 33415

Location of Offense (Business Name, Address): FORREST HILL BLVD / S MILITARY TRAIL, WEST PALM BEACH FL 33415

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/14/2018	0240					BABBCSCO TOWING

DEFENDANT

Name (Last, First, Middle): ESCALANTE , JOSHUA , TIMOTHY

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	10/20/94	5-09	170	BROWN	BLACK	LIGHT	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): N/A

Marital Status: Single | Religion: CHRISTIAN | Indication of: Alcohol Influence Y ☒ N ☐ Unk. ☐ ; Drug Influence Y ☐ N ☒ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 1516 SW 1ST AVE, BOCA RATON FL 33432 | Phone: ( ) | Residence Type: (1. City 2. County 3. Florida 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: Business owner

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
E-245-438-94-380-0	[redacted]		BOCA RATON, FL	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 ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone: ( )

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

Notified by: (Name) | Date | Time | Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ 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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I.	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A	N/A		18132921		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Government Center/Courthouse, Courtroom #2, 3188 PGA Blvd., Palm Beach Gardens, FL 33410 - Ph: (561) 624-6608

Court Date and Time: Month NOVEMBER Day 07 Year 2018 Time 0830 AM X PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed: 10/14/2018

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): D/S J. MCCOY | I.D. #: 33108 | (PRINT) OCT 14 PM 5:50

Intake Deputy | I.D.# | Pouch # | Transporting Officer: D/S J. MCCOY | ID #: 33108 | Agency: PBSO | Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO 8148 REV. 8/97

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PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA | 3 Request for Warrant 4 Request for Capias | 1 | Juvenile

ADMIN

OBTS Number:

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 18- 132921

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
Escalante, Joshua		W	M	10/20/94

CHARGES

Charge Description: D.U.I.

Charge Description:

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

Business Address (Name, Street) (City) (State) (Zip) Phone ( ) Occupation

PROBABLE CAUSE STATEMENT

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 _____ who told _____
☐ 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 14 day of OCTOBER 20 18 at 02:01 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

On the above date and time I was sitting in the parking lot on the south west corner of S. Military Trail and Forest Hill Blvd when I observed a small red pick up truck driving east bound in the west bound lanes of Forest Hill blvd. west of Military Trail. I observed the truck pull into a parking lot on the northwest corner. I attempted to catch up to the vehicle when I observed it pull out of the parking lot on Military Trail then head north bound in the south bound lanes all the way to summit blvd. Several vehicles were traveling south bound and had to swerve out of the way to avoid a head on collision. The truck then turned east onto Summit Blvd now in the proper lane. Deputy Rosenfeld # 28288 was able to get the truck stopped (Fla tag DCS-G52) on Summit Blvd at Seton Ave. We made contact with driver and sole occupant, who provided D/S Rosenfeld a florida drivers license. As I was standing at the passengers side of the truck I could smell an odor of an unknown alcoholic beverage coming from inside. I also noticed that the driver had a slurred speech, blood shot eyes and when asked simple questions he could not answer them, i.e. if he knew where he was or what street he was on. I believed that the driver was impaired so I had D/S McCoy # 33108 respond to the scene to investigate a possible D.U.I.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of October 20 18 by P.Heckler

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

PAGE 1 OF 1

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF OCTOBER 20 18, AT 0201 ✓ AM PM

SUBJECT: ESCALANTE , JOSHUA , TIMOTHY CASE NUMBER: 18132921

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S J. MCCOY

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

See supplemental probable cause affidavit

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OBSERVATION OF DRIVER:

I observed Escalante to have red and glassy eyes and his speech was extremely slurred. Escalante had a difficult time walking over to the exercise area from his vehicle without stumbling.

Escalante had a delayed reaction time when responding to my answers.

DRIVER'S STATEMENTS:

Escalante stated the following; he was coming from Level II which is a bar located in Delray Beach. He consumed two Jack Daniels alcoholic beverage's while at Level II and was on his way to West Palm Beach to meet someone. Escalante didn't know where he was when he got pulled over.

ODORS:

I could immediately smell an unknown alcoholic beverage coming from Escalante breath as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: **Slurred, mumbled, delayed**

ATTITUDE: **Calm, cooperative, talkative**

CLOTHING: **Blue shirt, blue jeans, black tennis shoes**

MEDICAL/OTHER: **N/A**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J. MCCOY
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of OCTOBER 20 18 by D/S J. MCCOY

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

SUBJECT: ESCALANTE , JOSHUA , TIMOTH CASE NUMBER 18132921

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

Can't keep balance while listening to instructions (Escalante had a difficult time keeping his balance as I was explaining the directions to him, he was swaying approximately 2-3 inches from side to side). Forgets instructions (I had to re-demonstrate the exercise to Escalante as he forgot the directions). Steps off line (Escalante stepped off line during steps 1, 3, 5, 7, 8, 9 an on steps 3, 4, 5, and 6 on the way back). Stopped during exercise (Escalante stopped towards the end of the exercise to inquire how he was doing). Fails to keep arms down by side (Escalante raised both hands slightly during this exercise instead of keeping both of them down by his side as instructed).

ONE LEG STAND:

Can't keep balance while listening to instructions (Escalante had a difficult time keeping his balance as I was explaining the directions to him, he was swaying approximately 2-3 inches from side to side). Fails to keep arms down by side (Escalante raised both hands slightly during the exercise instead of keeping both of them down by his side as instructed). Fail to raise foot six inches (Escalante only raised his left foot approximately 1 inch off the ground instead of 6 as instructed).

FINGER TO NOSE:

Can't keep balance while listening to instructions (Escalante had a difficult time keeping his balance as I was explaining the directions to him, he was swaying approximately 2-3 inches from side to side). Failed to tilt head back (Escalante failed to tilt his head back as instructed. Instead his head was in normal level position even though I instructed him to tilt it back). Index finger does not touch tip of nose (Escalante's left finger on the 1st attempt touched the center of his top lip, then left finger on the third attempt also touched the center of his top lip, followed by his right finger on the four attempt touched the top right part of his nose. During all of the other attempts to touch the tip of Escalante's nose, he failed to do so touching the left side of his nose while using his left finger and the right side of his nose using his right finger).

ROMBERG ALPHABET:

Can't keep balance while listening to instructions (Escalante had a difficult time keeping his balance as I was explaining the directions to him, he was swaying approximately 2-3 inches from side to side). Improperly recited alphabet. (Escalante stated " A, B, C, D, E, ,F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y.....A, X, Y, A, Z, PLUS 2").

NOT A CERTIFIED COPY

BREATH TEST RESULTS: | 1) REFUSED | 2) | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J. MCCOY
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of OCTOBER 20 18 by D/S J. MCCOY

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

WITNESS LIST

CASE NUMBER: 18132921

ARRESTING OFFICER: D/S J. MCCOY

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561- 688-3000

CAN TESTIFY TO: FACTS TO THE PROBABLE CAUSE AFFIDAVIT

NAME: D/S P. HECKLER #6609

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: TRAFFIC STOP

NAME: D/S ROHMEBERG #28288

ADDRESS 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561- 688- 3000

CAN TESTIFY TO: UPLOADING IN CAR VIDEO

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO-MCCOY

SUBJECT: ESCALANTE, JOSHUA T

CASE NUMBER: 18-132921

DATE: Oct 14, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0315

ENDING TIME: 0326

BREATH TESTS RESULTS: 1) REF TIME 0318 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: DELIBERATE

ATTITUDE: COOPERATIVE

CLOTHING: BLUE SHIRT, BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES RED, BLOOD SHOT, GLASSY
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0255
SUBJECT REFUSED THE TEST INITIALLY
IMPLIED CONSENT WAS READ TO THE SUBJECT
SUBJECT UNDERSTOOD AND REFUSED ONCE AGAIN
MIRANDA WAS READ TO SUBJECT
SUBJECT SUBMITTED TO SOME OF THE QUESTIONS

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SUBJECT: Escalante, Joshua T CASE NUMBER: 18-132921

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am DIS McCoy of the PBSO.

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'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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SUBJECT: Escalante, Joshua T CASE NUMBER: 18-132921

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? West Palm

WHAT STREET OR HIGHWAY WERE YOU ON? No Comment

DIRECTION OF TRAVEL? unk WHERE DID YOU START? Atlantic Ave, Delray Beach

WHAT TIME DID YOU START? unk WHAT TIME IS IT NOW? unk

WHAT IS TODAY'S DATE? 10/14/18 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm / Boynton Beach area

WHEN DID YOU LAST EAT? 2:00 PM WHAT DID YOU EAT? Public Chicken Sub

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? On Atlantic Ave w friends

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? unk WHAT? no Comment

HOW MUCH? No Comment WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? No Comment AND YOUR LAST DRINK? No Comment

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? No Comment

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No Sir

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No Comment HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Video Company WHEN DID YOU LAST WORK? This morn

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	No
GLASS EYE?	No
FALSE TEETH?	No
EAR INFECTION?	No
INNER EAR TROUBLE?	No
DIABETES?	No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: _____

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STATE OF FLORIDA **18132921**

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

AFFIDAVIT OF REFUSAL TO SUBMIT TO

BREATH AND/OR URINE TEST

I, D/S J. McCoy #33108, a duly certified Law Enforcement Officer or Correctional Officer,

(Name of Officer reading Implied Consent Warning)

am a member of **Palm Beach County Sheriff's Office**, and I do swear

(Name of law enforcement agency)

or affirm that on or about the **14** day of **October**, 20 **18**, at **0240** ☐ P.M. ☐ A.M.

DRIVER **JOSHUA** **TIMOTHY** **ESCALANTE**,

(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **E-245-438-94-380-0**, state of , appeared for treatment at a hospital,

clinic, or other medical facility pursuant to s. 316.1932(I)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the **14** day of **OCTOBER**, 20 **18**, at **0201** ☐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 (l) 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 (l) 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)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-365-7019

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **14** day of **OCTOBER**, 20 **18**,

by _____,

who is personally known to me or who has produced _____ as identification

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____

Date _____

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 – 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: 2018034356	**Date:** 10/15/2018
	Specialist Name/ID: AM/31562