0503091 18 CT 020525

ARRIVAL / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number			
	Agency ORI Number: 0500200	Agency Name: Boca Raton Police Department	Agency Report Number (N.T.A.'s only): 3 | 2 | 2018-015408

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

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1400 W. PALMETTO PARK RD, BOCA RATON FL	1400 W PALMETTO PARK RD, BOCA RATON, FL 33486

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/16/2018	00:36	11/16/2018	00:46	11/16/2018	01:50	WESTWAY TOWING

DEFENDANT

Name (Last, First, Middle): BENITEZ, KAREN JENNIFER — Alias: — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/10/1989	5'00	110	BROWN	BROWN	MEDIUM	SMA

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): — Marital Status: S — Religion: — Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
59 NW 45TH AVE 102, DEERFIELD BEACH, FL 33442	(954) 895-5765	

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
59 NW 45TH AVE 102, DEERFIELD BEACH, FL 33442	(954) 895-5765	DL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
PLANTATION GENERAL HOSPITAL,		Rn

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B532-510-89-630-0 / FL	[redacted]		VAN NUYS,, CA, United	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/Processed within Department and Released 2. TOT JAC 3. Incarcerated

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

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

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. 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/Deriv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

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

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: GOOD — 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	Released By	Released To
BRPD	BROD	PBSO JAIL

Transported By	Date Transported	Time Transported	Other
BRPD	11/16/2018	03:00	

NOTICE TO APPEAR

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

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 12/18/2018 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 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.

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

No Photo Available

ADMIN

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer (Print): VICK, B. J. — I.D. #: 821	(PRINT)
Intake Deputy: D S Collins 7622 — I.D. #: — Pouch #	Transporting Officer: COON — I.D. #: 794 — Agency: BRPD	Witness here if subject signed with an "X"

PAGE 1 OF 1

[redacted]

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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 | 2018-015408**

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): **BENITEZ, KAREN JENNIFER**

Alias:

Race	Sex	Date of Birth
W	F	04/10/1989

CHARGES

Charge Description: **316.193(1) DUI**

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): **STATE OF FLORIDA,**

Race	Sex	Date of Birth

Local Address (Street, Apt. Number) (City) (State) (Zip): **100 NW 2ND AVE, BOCA RATON, FL 33432**

Phone: **(561) -**

Address Source:

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

Phone: **(56) -**

Occupation:

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 **16** day of **November**, **2018** at **00:04** (Specifically include facts constituting cause for arrest.)

On 11/16/18 I was dispatched to 1400 W. Palmetto Park Rd in reference to aiding another agency (Hollywood Police Department) with a traffic stop. Officer B. Wagner of the Hollywood Police Department advised he was flagged down in the area of Copans Rd on I-95 Northbound in reference to a vehicle driving with no tire. He advised he located the vehicle and observed it to be traveling on just the rim of the driver`s side front wheel, with no tire. He advised the vehicle was swerving across multiple lanes of traffic and he initiated a traffic stop with his overhead lights and siren activated in his marked police car, however the vehicle did not stop. He continued behind the vehicle until it finally came to a stop approximately 4 miles later at 1400 W. Palmetto Park Rd. He advised the driver (later identified by her Florida Driver`s License as Ms. Karen Benitez) exited the vehicle and sat on the curb, where she was located upon my arrival.

I then identified myself to Ms. Benitez and asked her what had occurred today. She advised she had been at a charity event in Miami for Big Brothers and Big Sisters. I asked if she knew where she was at currently, and she stated Fort Lauderdale. She stated she lived in Deerfield Beach and was on the way there. When asked about why she was driving on the rim of her car, she stated she didn`t realize it and just pulled over to check on it. She denied ever seeing or hearing Officer Wagner`s overhead lights or siren at any time.

I then asked if she had consumed any alcoholic beverages and she stated she had 4 tequila drinks at the charity event. She denied taking any medication or narcotics. I then asked if she would be willing to submit to a series of tasks to determine if she was impared, which she first refused. I then read her her Taylor Warnings and she advised she wished to perform field sobriety tasks. While speaking with Ms. Benitez, there was an odor of an alcoholic beverage being emitted from her breath. While I was speaking with her, I observed her to be urinating on herself. I asked Ms. Benitez how long she has had a driver`s license for and she stated since she was 13.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

WOLLSCHLAGER, ANTHONY J

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/16/2018

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

VICK, BRYAN JAMES (821)

NAME OF OFFICER (PLEASE PRINT)

11/16/2018

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 Copies

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2018-015408

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
BENITEZ, KAREN JENNIFER		W	F	04/10/1989

PROBABLE CAUSE STATEMENT

The first task was the Horizontal Gaze Nystagmus. There was a lack of smooth pursuit in each eye. Distinct and sustained Nystagmus was at maximum deviation in each eye. Onset of Nystagmus was prior to 45 degrees in each eye. I observed her to be swaying 2-3 inches as she stood.

The second task was the walk and turn. I explained the task to her and she advised she understood the directions prior to starting. While explaining the instructions, she failed to keep her left foot on the line and did not keep her right heel against the toe of her left foot. When she began, she took 15 steps not counting any of them out loud and not heel to toe. She took 9 steps back, not counting any of them and not heel to toe.

The third task was the one leg stand. I explained the task to her and she advised she understood the directions prior to starting. She failed to keep her feet together and her hands at her side as I explained the exercise. Upon being told to start, she did not count any numbers out loud and had to use her arms to balance herself, bending her knee to assist herself.

The forth task was the Rhomberg Alphabet. I explained the task to her and she advised she understood the directions prior to starting. She did not tilt her head back and was told to start over doing so. She went from A to F, stopping at F. She started again and went from A to E, then started again and went from A to E and stated "Nope, Can`t".

At that time she was advised that she was being placed under arrest for driving under the influence. Her vehicle was towed to Westway Towing. She was transported to the Boca Raton Police Department where she was given the option to submit to a lawful test of her breath, which she refused. I then read her implied consent and requested a second time, which she also refused. She was issued Florida Uniform Traffic Citation A6LQ5XE for Driving Under the Influence with a mandatory court date of December 18, 2018 at 0830 hours at the South County Courthouse in Delray Beach.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117 10)

11/16/2018
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

VICK, BRYAN JAMES (821)
NAME OF OFFICER (PLEASE PRINT)

11/16/2018
DATE

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

2018015408
0030
0005

DUI INFLUENCE REPORT

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

ARRESTING OFFICER: OFC. VICK

Name: OFC. VICK Phone # (561) 368620 Work # _____

Address: 100 NW 2ND AVE

Can testify to: ROADSIDES

Name: OFC. COON Phone # (561) 368620 Work # _____

Address: 100 NW 2ND AVE

Can testify to: ROADSIDES

Name: OFC. MURPHY Phone # (561) 368620 Work # _____

Address: 100 NW 2ND AVE

Can testify to: ROADSIDES

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 # 20180154084

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is FRIDAY (day), NOVEMBER (month) 16 (date), 2018 (year).

B. The time is now approximately 0053 (AM)/PM.

C. The following is in reference to case number 20180154084.

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

E. Officer VICK, have you arrested KAREN BENITEZ (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.) BENITEZ, 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 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.

I am OFC VICK 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: SEE VIDEO

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. BENITEZ has refused to submit to a breath test.

The date is NOVEMBER (month) 16 (day), 2018 (year), and the time is 0058 AM/PM.

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

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: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: BENITEZ, KAREN

CASE #: 2018015408 DATE: 11/16/18

BREATH TEST RESULTS

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

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

BREATH OPERATOR: OFC. R. COON

MAINTENANCE TECHNICIAN: OFC. B. PARE

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, RAMBLING, REPETITIVE, KEPT SAYING "PLEASE I WANT TO GO HOME"

ATTITUDE: UNCOOPERATIVE, UPSET, CRYING UNCONTROLLABLY

CLOTHING: BLK CROP TOP SHIRT, BLK SKIRT

MEDICAL CONDITION: NONE

OTHER: _____

COMMENTS: NOT LISTENING TO INSTRUCTIONS, UNABLE TO UNDERSTAND SHE WAS UNDER ARREST, UNSTEADY ON HER FEET.

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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 0103 (AM)/PM.

The date is NOVEMBER (month), 16 (day), 2018 (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: 11/16/2018

Date of Last Agency Inspection: 11/09/2018
Observation Period Began: 00:30
Subject's Name: KAREN J BENITEZ DOB: 04/10/1989 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:00
Air Blank	0.000	01:00
Control Test	0.078	01:00
Air Blank	0.000	01:01
Subject Sample #1	REF*	01:01
Air Blank	0.000	01:01
Control Test	0.078	01:02
Air Blank	0.000	01:02
Diagnostics Check	OK	01:02

*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 (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I REBECCA L COON, 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: _____ #794 Date: 11/16/18
Signature

Sworn to (or affirmed) before me this 16 day of NOVEMBER 2018

_____ OFC. B. VICK
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, OFC. B. VICK (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

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

or affirm that on or about the 16 day of NOVEMBER 20 18, at 0058 ☐ P.M ☒ A.M.

DRIVER KAREN (FIRST NAME) JENNIFER (MIDDLE OR MAIDEN NAME) BENITEZ (LAST NAME) (Type or Print),

DL# B532510896300, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFC. B. VICK (Name of Arresting Officer) and

issued Citation # _____.

That on or about the 16 day of NOVEMBER, 20 18, at 0058 ☐ 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)

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 16 day of NOVEMBER 20 18, by OFC. R. COON, who is personally known to me or who has produced _____ as identification.

Notary Public #794

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
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	☐	539.001, F.S., 539.003, F.S.	Other: Pawn Broker Information	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018038309	**Date:** 11/16/2018
	Specialist Name/ID: M. Tooks #8557