

ARREST / NOTICE TO APPEAR

16CT21950
Area 1. Request for Warrant
2. N.T.A. 4. Request for Capias

1

JUVENILE

A	OBTS Number			ARREST / NOTICE TO APPEAR								16CT21950				
D	Agency ORJ Number			Agency Name			Agency Report Number (N.T.A.'s only)			1		JUVENILE				
M	0500200			Boca Raton Police Department			3 2 2016-017143									
I	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type None/not Applicable								Multiple Clearance Indicator				
N	Location of Arrest (including Name of Business)			Location of Offense (Business Name, Address)												
S	1746 LAS CASAS RD			1746 LAS CASAS RD, BOCA RATON, FL 33486												
T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle									
I	11/24/2016	03:26	11/24/2016	03:36	11/24/2016	03:36	EMERALD TOWING									
O	Name (Last, First, Middle) KURLOWSKI, KEVIN J												Alias: _____			
N	Race	W - White B - Black	I - American Indian O - Oriental/Asian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	LIGHT Large				
D	W M 02/19/1964 6'03 220 BROWN BROWN						Marital Status	Religion			Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.					
E	Scars, Marks, Unique Physical Features (Location, Type, Description)															
N	Local Address (Street, Apt. Number) (City) (State) (Zip)						Phone (561) 243-3685						Residence Type: 1. City 3. Florida 2. County 4. Out of State			
D	5048 HEATHERHILL LN 1, BOCA RATON, FL 33486															
A	Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone (561) 243-3685						Address Source SUBJECT			
N	5048 HEATHERHILL LN 1, BOCA RATON, FL 33486															
T	Business Address (Name, Street) (City) (State) (Zip)						Phone (561) 955-8933						Occupation Owner			
D	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		US					
E	K642510640590 /						MILWAUKEE, WI,									
O	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth							
D																
E	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth							
F																
J	Name (Last, First, Middle) _____												Residence Phone			
U	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____															
V	<input checked="" type="checkbox"/> Legal Custodian															
E	Address (Street, Apt. Number) (City) (State) (Zip)												Business Phone			
N																
I	Notified by: (Name)						Date	Time	JUVENILE DISPOSITION							
L							1. Handled/Processed within Department and Released	2. TOT JAC								
E							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.												School Attended		Grade		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property						Value of Property			
C	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					
O	N. N/A	B. Buy	D. Deliver		N. N/A		C. Cocaine	M. Marijuana	S. Synthetic		Z. Other					
D	P. Possess	T. Traffic	E. Use	A. Amphetamine	E. Heroin		O. Opium/Deriv.									
E	Charge Description DUI						Statute Violation Number 316.193(1)						Violation of ORD #			
C	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number						Bond			
H	N	/		2016-017143	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N										
R	Charge Description						Statute Violation Number						Violation of ORD #			
G	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number						Bond			
E			/			<input type="checkbox"/> Y <input type="checkbox"/> N										
C	Charge Description						Statute Violation Number						Violation of ORD #			
H	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number						Bond			
R			/			<input type="checkbox"/> Y <input type="checkbox"/> N										
G	Health / Apparent Physical Condition of Defendant GOOD						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
E	Explain: _____															
I	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By ALVAREZ						Released By ALVAREZ			
N	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												Released To PBCJ			
T	Transported By OTC Rempp 494						Date Transported 11/24/16	Time Transported 0535	Other							
O	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444									
N	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Court Date and Time 01/09/2017 08:30:00									
T	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.															
A	X Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed 11/24/16			
D	HOLD for Other Agency						Signature of Arresting Officer J. A. 769						Name Verification (Printed by Arrestee)			
M													(PRINT)			
I	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest						Name of Arresting Officer (Print) ALVAREZ, AMANDA	ID. #								
N	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other						769									
T	Intake Deputy			ID. #	Pouch #	Transporting Officer OTC Rempp 494	I.D. #	Agency BRPD								
E																
Witness here if subject signed with an "X"												2016 NOV 25				
												PAGE 1 OF 1				

No Photo Available

2016 NOV 25

11/24/16
1:32

OBTS Number		PROBABLE CAUSE AFFIDAVIT				
A	Agency ORI Number	Agency Name	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	
D	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2016-017143			
M	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Agency Report Number Special Notes:	
N	Name (Last, First, Middle) KURLOWSKI, KEVIN J			Alias	Race W Sex M Date of Birth 02/19/1964	
E	Charge Description 316.193(1) DUI	Charge Description				
F	Charge Description	Charge Description				
G	Victim's Name (Last, First, Middle) STATE OF FLORIDA,			Race U	Sex Date of Birth	
R	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (561) - Address Source	
A	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone (561) - Occupation	
S	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... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.					
M	On the 24 day of November , 2016 at 03:26 (Specifically include facts constituting cause for arrest.)					
<p>On 11/24/16 at approximately 0300 hours, I conducted a traffic stop on the driver of a 1996 black Infiniti Q45 bearing Florida tag #DNTKNG for failing to stop at the stop sign at 900 SW 18th St. I activated my lights and sirens at 1200 SW 18th St but the vehicle would not come to a complete stop until 1746 Las Casas Rd. I made contact with the driver W/M Kevin Kurkowski.</p> <p>Kurkowski stated immediately that he was almost home. I observed he had bloodshot watery eyes and the smell of an alcoholic beverage emanating from his breath. I asked him for his driver's license, vehicle registration and proof of insurance. He handed me his license then had difficulty finding his registration by attempting to hand me a different sheet of paper. He gave up looking for the registration and I had to ask him again for his insurance card. He was having a hard time understanding me. He almost handed me his credit card before thanking about it and moving on through his stack of cards in his wallet. He missed his insurance card on the top of the stack of cards in his hand twice until I had to indicate to him that the first card was his insurance card. I asked him if he had any alcoholic beverages to drink tonight and although at first he stated "no" he recanted and stated that he had a "couple" of drinks.</p> <p>Officer Deen arrived on scene as my back up officer. I explained to Kurkowski of my observations of his bloodshot watery eyes, slurred slow speech, and the smell of an alcoholic beverage on his breath were indicators to me that he may be driving impaired. I requested that he submit to several field sobriety tasks in order to dispel my alarm. He stated "no". I explained that if he did not submit to the tasks in order to dispel my alarm I would have to make a decision on my observations thus far. He stated that he would conduct the field sobriety tasks at that time. I set up a white strip of tape on a flat level surface (indicated by Kurkowski himself). Kurkowski stated that he did not have any medical problems such as head trauma that would keep him from performing the tasks.</p>						
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>AUGELLO, PETER B <i>[Signature]</i> 769</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER F.S.S. 117.10)</p> <p>11/24/2016</p>						
<p>SIGNATURE OF ARRESTING/INVESTIGATING OFFICER</p> <p>ALVAREZ, AMANDA (769)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>11/24/2016</p>						
<p>PAGE 1 OF 2</p>						

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
D M I N	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2016-017143			Special Notes:			
D E F	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Alias			Race W	Sex M	Date of Birth 02/19/1964
<p>KURLOWSKI, KEVIN J</p> <p>The first task was the horizontal gaze nystagmus. He was swaying side to side while standing. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye and there was also an onset of nystagmus prior to 45 degrees in each eye.</p> <p>The second task was the walk and turn. He did not stay in the starting position as instructed the first time. He was using his arms for balance and did not touch heel to toe on each step. He was not counting out loud. He walked 13 steps out and stopped. He conducted an improper turn and he walked 14 steps back.</p> <p>The third task was the one leg stand. As I was giving the instructions and demonstrating the task Kurlowski stated that he did not want to continue any further and that he wanted to call his lawyer.</p> <p>On 11/24/16 at 0326 hours, Kurlowski was placed under arrest. The vehicle was towed by Emerald Towing.</p> <p>Officer Bissoon conducted The Intoxilyzer 8000 testing. He refused to give a sample of his breath and refused a second time after being read implied consent. He refused answering questions after being read his constitutional rights as well.</p> <p>He was charged with DUI FSS 316.193(1). He was given the court date of 01/09/2017 at 8:30am. The video was submitted into property. After processing he was transported to The PBCJ.</p> <p>NOT A CERTIFIED COPY</p>									
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 Z									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>AUGELLO, PETER B <i>g608</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>11/24/2016</p> <p>DATE</p>									
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><i>Alvarez</i> 769</p> <p>ALVAREZ, AMANDA (769)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>11/24/2016</p> <p>DATE</p>									
ADMINISTRATIVE									

2016-1743

1015 : 0326

068r
begin

0345

D. U. I. INFLUENCE REPORT

NOTA COPY

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

WITNESS LIST

ARRESTING OFFICER: Alvarez, Amanda

Name: Deen, Alyia Phone # Home _____ Work _____

Address: _____

Can testify to: Back Up

Name: Bissoon, Stephen Phone # Home _____ Work _____

Address: _____

Can testify to: Breath Test Operator

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: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# 2016-17143

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

L. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Thursday, November, 24, 2016
(day) (month) (date) (year)

B. The time is now approximately 0408 AM/PM

C. The following is in reference to case number 2016-17143

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

E. Officer Alvarez, Have you arrested Kurkowski, Kevin (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. Kurkowski, Kevin, 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 # 2016-17143

H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

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

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

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

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2. I am Officer Alvarez 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: _____

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. Kurkowski, Karen has refused to submit to a breath test.

The date is November (Month) 24 (Day) 2016 (Year) and the time 04:00 AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Kurkowski, Kevin

CASE #: 2016-017143 DATE: 11/24/16

BREATH TESTS RESULTS

1) TIME Refused / 0410 AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Bisson, Stephen

MAINTENANCE TECHNICIAN: Brock, John

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Fair

CLOTHING: Blue shirt, blue jeans

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: Kurkowski had the odor of an alcoholic beverage emanating from his person. He had blood shot glossy eyes.

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-17143

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? Refused

Where were you going? Refused

What street or highway were you on? Refused

Direction of travel? Refused

Where did you start driving from? Refused

What City (County) were you stopped in? Refused

What time did you start? Refused

AM/PM/What time is it now Refused

What is today's date? Refused

What day of the week is it? Refused

BOCA RATON POLICE DEPARTMENT

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

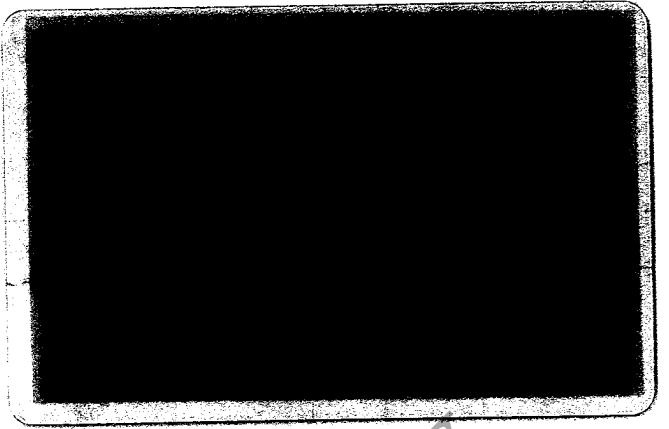
Any eye problems not correctable by glasses or contact lenses? _____

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 0415 AM/PMThe date is: November (month) 24 (day) 2016 (year)

NOT A CERTIFIED COPY



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: 80-001183 Software: 8100.27
Date of Test: 11/24/2016

Date of Last Agency Inspection: 10/25/2016
Observation Period Began: 03:45
Subject's Name: KEVIN J KURLOWSKI

DOB: 02/19/1964 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	04:11
Air Blank	0.000	04:12
Control Test	0.080	04:12
Air Blank	0.000	04:13
Subject Sample #1	REF*	04:13
Air Blank	0.000	04:13
Control Test	0.080	04:14
Air Blank	0.000	04:14
Diagnostics Check	OK	04:14

*Subject Test Refused

Cylinder Lot: 20016080A1
Exp: 09/05/2018

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 STEPHEN R BISSON, 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: 864 Signature 664 Date: 11/24/16

Sworn to (or affirmed) before me this 24 day of November, 2016

Signature #769 Signature of Notary Public-State of Florida

Olc Alvarez #769 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.

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

I, Ofe Awarz (Person reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional

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

or affirm that on or about the 24 day of November, 2016, at 0326 P.M. A.M. (Circle One)

NAME Kewen (Type or Print) FIRST MIDDLE OR MAIDEN Kurlowski LAST
DL# K642510640590, state of Florida, was placed under lawful arrest for
the offense of DUI by Alvarez, Amanda (Name of Arresting Officer) and
issued Citation # A6LPVDE

That on or about the 24 day of Novem, 20 16, at 0410 P.M. A.M.
(Circle One)
in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said
person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of
his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving
privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits
a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended
for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver
that this refusal will result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a
first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.

Said person did at that time and place refuse to submit to such test or tests.

**Signature of Law Enforcement Officer or
Correctional Officer**

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (E.S. 117-10)

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20_____
by _____
who is personally known to me or who has produced

as identification.

The foregoing instrument was sworn and subscribed before me,

Signature of Attesting Officer

Title Police Officer Date 11/24/16

NOTE: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit. If no DUI arrest is made, attach HSMV 78005 (Notice of Commercial Driver's License/Privilege Disqualification).