

ARREST / NOTICE TO APPEAR

19CT 14890

|   |                                     |   |  |   |                                       |  |  |   |  |          |
|---|-------------------------------------|---|--|---|---------------------------------------|--|--|---|--|----------|
| OBTS Number   | Agency ORI Number<br><b>0502000</b> |   |  | Agency Name<br><b>Lantana Police Department</b> |                                       |  | Agency Report Number (N.T.A.'s only)<br><b>614 19-001933</b> | 1 Arrest<br>2 N.T.A.<br>3 Request for Warrant<br>4 Request for Capias | 1  | JUVENILE |
| Charge Type:<br>Check as many as apply  | <input type="checkbox"/> 1. Felony  | <input checked="" type="checkbox"/> 2. Traffic Felony | <input checked="" type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance | <input type="checkbox"/> 6. Other  | If Weapon Seized   | Esse Type<br><b>None/not Applicable</b>                               | Multiple Clearance Indicator<br><b>1</b> |          |
| Location of Arrest (Including Name of Business)<br><b>112 E LANTANA RD, LANTANA, FL 33462</b> |                                     |   |  |   |                                       | Location of Offense (Business Name, Address)<br><b>111 E LANTANA RD/N DIXIE HWY, LANTANA, FL 33462</b> |  |   |  |          |
| Date of Arrest<br><b>08/12/2019</b>   | Time of Arrest<br><b>23:00</b>      | Booking Date<br><b>08/12/2019</b>                     | Booking Time<br><b>23:00</b>                       | Jail Date                                       | Jail Time                             | Location of Vehicle<br><b>GARDENS TOW</b>  |  |   |  |          |

|   |                 |                                    |                       |  |                           |   |                                |  |  |  |
|---|-----------------|------------------------------------|-----------------------|--|---------------------------|---|--------------------------------|--|--|--|
| Name (Last, First, Middle)<br><b>HERR, MAXHAM JULIUS</b>  |                 |                                    |                       |  |                           | Alias:<br><b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b> |                                |  |  |  |
| Race<br>W - White<br>B - Black<br>O - Oriental/Asian  | Sex<br><b>W</b> | Date of Birth<br><b>08/21/1987</b> | Height<br><b>6'03</b> | Weight<br><b>215</b>                                 | Eye Color<br><b>HAZEL</b> | Hair Color<br><b>BLACK</b>                            | Complexion<br><b>LIGHT</b>     | Build<br><b>Large</b>  | Indication of Alcohol Influence<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                   |                 |                                    |                       |  |                           | Marital Status<br><b>S</b>                            | Religion<br><b>JEWISH</b>      | Drug Influence<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |  |  |
| Local Address (Street, Apt. Number)<br><b>2232 BLOODS GROVE CIR, DELRAY BEACH, FL 33445</b>     |                 |                                    |                       | (City)   | (State)                   | (Zip)   | Phone<br><b>(347) 996-6482</b> | Residence Type:<br>1. City 2. County 3. Florida 4. Out of State 5. Other<br><b>2</b>                     |  |  |
| Permanent Address (Street, Apt. Number)<br><b>2232 BLOODS GROVE CIR, DELRAY BEACH, FL 33445</b> |                 |                                    |                       | (City)   | (State)                   | (Zip)   | Phone<br><b>(347) 996-6482</b> | Address Source<br><b>VERBAL</b>  |  |  |
| Business Address (Name, Street)<br><b>SELF EMPLOYED,</b>  |                 |                                    |                       | (City)   | (State)                   | (Zip)   | Phone                          | Occupation<br><b>Med Spa</b>   |  |  |
| D/L Number, State<br><b>H600550873010 / FL</b>  |                 | Sec. Ser. Number                   | INS Number            | Place of Birth (City, State)<br><b>BROOKLYN, NY,</b> |                           |   | Citizenship<br><b>US</b>       |  |  |  |

|   |  |                                 |                                    |                            |  |                 |  |  |   |  |
|---|--|---------------------------------|------------------------------------|----------------------------|--|-----------------|--|--|---|--|
| Co-Defendant Name (Last, First, Middle)   |  |                                 |                                    | Race                       | Sex                                      | Date of Birth   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor          | <input type="checkbox"/> 5. Juvenile              |  |
| Co-Defendant Name (Last, First, Middle)   |  |                                 |                                    | Race                       | Sex                                      | Date of Birth   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor          | <input type="checkbox"/> 5. Juvenile              |  |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)<br><input type="checkbox"/> Legal Custodian<br>Address (Street, Apt. Number) (City) (State) (Zip) Business Phone<br>Notified by: (Name) Date Time JUVENILE DISPOSITION<br>1. Handled/Processed within 2. TOT JAC<br>3. Detained and Released 4. Incarcerated<br>Released To: (Name) Relationship Date Time |  |                                 |                                    |                            |  |                 |  |  |   |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>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  | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |
| Drug Activity<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic | R. Smuggle<br>D. Deliver<br>E. Use | K. Dispense/<br>Distribute | M. Manufacture/<br>Produce/<br>Cultivate | Z. Other        | Drug Type<br>N. N/A<br>A. Amphetamine  | B. Barbiturate<br>C. Cocaine<br>E. Heroin  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv | P. Paraphernalia/<br>Equipment<br>S. Synthetic |

|  |                       |               |           |                    |   |   |                    |
|--|-----------------------|---------------|-----------|--------------------|---|---|--------------------|
| Charge Description<br><b>DUI-DRIVING UNDER THE INFLUENCE</b> |                       |               |           |                    |   | Statute Violation Number<br><b>316.193(1)</b> | Violation of ORD # |
| Drug Activity  | Drug Type<br><b>N</b> | Amount / Unit | Offense # | Counts<br><b>1</b> | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number                       | Bond               |
| Charge Description   |                       |               |           |                    |   | Statute Violation Number                      | Violation of ORD # |
| Drug Activity  | Drug Type             | Amount / Unit | Offense # | Counts             | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Warrant / Capias Number                       | Bond               |
| Charge Description   |                       |               |           |                    |   | Statute Violation Number                      | Violation of ORD # |
| Drug Activity  | Drug Type             | Amount / Unit | Offense # | Counts             | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Warrant / Capias Number                       | Bond               |

|   |  |  |  |  |  |  |                                  |             |   |             |
|---|--|--|--|--|--|--|----------------------------------|-------------|---|-------------|
| Health / Apparent Physical Condition of Defendant   |  |  |  |  |  | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries<br>Explain: |                                  |             |   |             |
| Check which applies:<br><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   |                                  | Released By |   | Released To |
| Transported By<br><b>DOREMAN</b>  |  |  |  |  |  | Date Transported<br><b>08/12/2019</b>  | Time Transported<br><b>23:08</b> | Other       |   |             |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.   |  |  |  |  |  | Location (Court, Room)<br><b>200 W Atlantic Ave, DELRAY BEACH</b>  |                                  |             | Court Date and Time<br><b>09/09/2019 08:30:00</b> |             |
| 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. |  |  |  |  |  |  |                                  |             |   |             |
| Signature of Defendant (or Juvenile and Parent/Custodian)   |  |  |  |  |  | Date Signed  |                                  |             |   |             |

|   |  |  |  |  |   |  |  |
|---|--|--|--|--|---|--|--|
| HOLD for Other Agency   |  | Signature of Arresting Officer<br><b>[Signature]</b>               |  |  | Name Verification (Printed by Arrestee) |  |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Standard Arrest |  | Name of Arresting Officer (Print)<br><b>DOREMAN, JUSTIN ANDREW</b> |  |  | LD. #<br><b>889</b>                     |  |  |
| Pouch #   |  | Transporting Officer<br><b>DOREMAN</b>                             |  |  | Agency<br><b>889 LPD</b>                |  |  |
| Witness here if subject signed with an "X"  |  |  |  |  |   |  |  |

J# 0363986

P# 180

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12TH DAY OF AUGUST 20 19, AT 2300 AM / PM  
SUBJECT: MAXHAM HERR CASE NUMBER: 19-001933  
AGENCY: Lantana PD ARRESTING OFFICER: DORFMAN 889

## PERSONAL CONTACT

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

Driver was involved in an accident which one witness observed. Post Miranda warning Maxham Herr stated to me that he was driving and had one and a half beers.

## OBSERVATION OF DRIVER:

Slurred speech, kept asking the same questions over and over. Maxham was also swaying back and forth while standing.

## DRIVER'S STATEMENTS:

FOLLOWING DIRECTIONS FROM INSTAGRAM

## ODORS:

None

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: tan pants, black top and tennis shoes

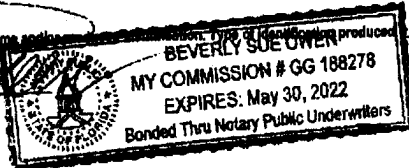
## MEDICAL / OTHER:

STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] 889  
(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of AUGUST 20 19 by ofc Dorfman

[Signature]  
(Print name of Arresting / Investigative Officer who is personally known to me and the Notary Public, or the Notary Public produced to me a valid and unexpired Notary Public Commission. Type of Identification produced)  
Notary Public, Clerk of Court, Officer (F.S. 447.01)



SCANNED  
AUG 14 2019

SUBJECT: MAXHAM HERR CASE NUMBER: 19-001933

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS :

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

#### Other Observations:

Swaying back and forth while standing. During the HGN the Maxham kept his hands in front of him during this task.

#### WALK & TURN:

- Maxham did not touch heel to toe during this exercise. Maxham asked after being told how to turn when turning around, he asked me when it was time to turn should I turn around and what foot should go in front.

#### ONE LEG STAND:

Maxham counted to six and then put his foot down before I told him to begin.

#### FINGER TO NOSE :

Maxham started the task before I told him to begin and stopped on his own.

#### ROMBERG / ALPHABET :

Maxham was asked to say the alphabet from A through Z and repeated the alphabet twice before finishing.

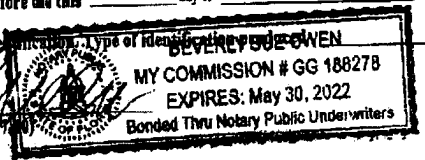
#### BREATH TEST RESULTS :

REFUSED

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]* 589  
(Signature of Arresting / Investigative Officer)  
The foregoing instrument was notarized or sworn before me this 12TH day of AUGUST 20 19 by of Dorfman

who is personally known to me and/or produced the appropriate type of identification and  
*[Signature]*  
Notary Public, Clerk of Court, Officer F.S.S. 119.00



AVV  
AUG 14

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# 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? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR FIRST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:  
EPILEPSY? \_\_\_\_\_  
GLASS EYE? \_\_\_\_\_  
FALSE TEETH? \_\_\_\_\_  
EAR INFECTION? \_\_\_\_\_  
INNER EAR TROUBLE? \_\_\_\_\_  
DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

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

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# 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 \_\_\_\_\_ 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'S SIGNATURE: (X) \_\_\_\_\_

## 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) \_\_\_\_\_

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

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ VIDEO TAPE NUMBER: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

BREATH TESTS RESULTS **REFUSED** TIME \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: \_\_\_\_\_

MAINTENANCE TECHNICIAN: \_\_\_\_\_

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NOT A CERTIFIED COPY

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

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

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

or affirm that on or about the 12 day of August, 20 19, at 2300  P.M.  A.M.

DRIVER Maxhem Julius Herr  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H600580873010, state of FL, was placed under lawful arrest for

the offense of DUI by Dorfman 889 and  
(Name of Arresting Officer)

issued Citation # 6657-XGT

That on or about the 12th day of August, 20 19, at 2348  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]  
Signature of Law Enforcement Officer or  
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 12th day of August, 20 19,

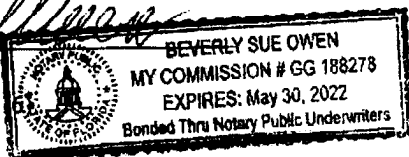
by ofc Dorfman,

who is personally known to me or who has produced

\_\_\_\_\_ as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/20



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.



PALM BEACH COUNTY SHERIFF'S OFFICE  
 DUI TESTING FACILITY  
 INFORMATION SHEET

PBSO CASE # 19-103434 PBSO ZONE 1-32

AGENCY CASE # 19001933 CRASH CASE # 19001932

TIME OF STOP/CRASH 2215 DATE 8/12/19 DAY Monday

SUBJECT'S NAME Maxham Herr RACE W SEX M

HGT 603 WGT 215 DOB 8/21/87

LOCATION Lantana rd/n Dixie Hwy

ARRESTING OFFICER'S NAME & ID Dorfman 889 AGENCY Lantana PD

DIVISION: RP

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2320

BREATH RESULTS:

Arrest Time 2300

1. REFUSED
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 19-001933

ARRESTING OFFICER DORFMAN 889

ADDRESS 901 N. 8th St Lantana, FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_ SERGEANT SCHAAF

ADDRESS 901 N 8TH ST LANTANA FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_ SERGEANT SCHAAF

ADDRESS 901 N 8TH ST LANTANA FL 33462

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_ SERGEANT SCHAAF

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_ SERGEANT SCHAAF

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_ SERGEANT SCHAAF

ADDRESS 901 N 8TH ST LANTANA FL 33462

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



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

**REVIEW COMPLETED BY**

|                                   |   |
|-----------------------------------|---|
| <b>Booking Number:</b> 2019026407 | <b>Date:</b> 8/13/2019                  |
|                                   | <b>Specialist Name/ID:</b> Gammage/5660 |