

0488220 19 OCT 017 304

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number

Agency ORI Number  
**FLO 500000**

Agency Name  
**PALM BEACH COUNTY SHERIFF'S OFFICE**

Agency Report Number (N.T.A.'s only)  
**06-19-117540**

Charge Type:  
Check as many as apply:  
 1. Felony  3. Misdemeanor  5. Ordinance  
 2. Traffic Felony  4. Traffic Misdemeanor  8. Other

Weapon Seized / Type  
2 1. Yes 2. No

Multiple Clearance Indicator  
01

Location of Arrest (Including Name of Business)  
**SW 18th St / Powerline Rd, Boca Raton, FL 33433**

Location of Offense (Business Name, Address)  
**SW 18th St / Powerline Rd, Boca Raton, FL 33433**

Date of Arrest: **09/21/2019** Time of Arrest: **02:27** Booking Date: **09/21/2019** Booking Time: [ ] Jail Date: [ ] Jail Time: [ ] Location of Vehicle: **Westway Towling, 1700 NW 1st Ave, Boca Raton, FL 33432, (561) 368-4466**

Name (Last, First, Middle)  
**Mcginley, Megan, Elizabeth**

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

Race: **W** Sex: **F** Date of Birth: **10/3/1991** Height: **5'06** Weight: **110** Eye Color: **brown** Hair Color: **brown** Complexion: **light** Build: **small**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)  
**belly**

Marital Status: **Single** Religion: **PROTESTANT** Indication of Alcohol Influence Drug Influence:  Y  N  Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip)  
**6739 Canary Palm Dr, Boca Raton, FL 33433**

Phone: **(561) 789 4668** Residence Type: 1. City 2. County 3. Florida 4. Out of State | **2**

Permanent Address (Street, Apt. Number) (City) (State) (Zip)

Address Source: **DL** Occupation: **waitress**

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

Phone: [ ]

D/L Number, State: **M254545918630, FL** Soc. Sec. Number: [ ] INS Number: [ ] Place of Birth (City, State): **West Palm Beach, FL** Citizenship: **US**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth  1. Arrested  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

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

Drug Activity: N. N/A P. Possess S. Sell R. Smuggle B. Buy T. Traffic 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. Parapharmaceuticals S. Synthetics U. Unknown Z. Other

Charge Description: **Driving Under the Influence with property damage** Counts: 1 Domestic Violence:  Y  N Statute Violation Number: **316.193(3)(c)1** Violation of ORD #: [ ]

Drug Activity: [ ] Drug Type: [ ] Amount / Unit: [ ] Offense #: **19-117540** Warrant / Capias Number: [ ] Bond: [ ]

Charge Description: [ ] Counts: [ ] Domestic Violence:  Y  N Statute Violation Number: [ ] Violation of ORD #: [ ]

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

Charge Description: [ ] Counts: [ ] Domestic Violence:  Y  N Statute Violation Number: [ ] Violation of ORD #: [ ]

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

Location (Court, Room Number, Address): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

Court Date and Time: **Month October Day 21 Year 2019 Time 08:30 AM X SEP 23 2019 9 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): **Megan Mcginley** Date Signed: **09/21/2019**

HOLD for other Agency Name: [ ] Signature of Arresting Officer: **D/S POINTU P. 16032** Name Verification (Printed by Arrestee): **Megan Mcginley** (PRINT) PAGE: **1** OF **1**

FILED  
SEP 22 2019  
SHERIFF R. BOCK  
COMPTROLLER

Received

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF September 20 19, AT 01:20 AM PM

SUBJECT: Mcginley, Megan, Elizabeth

CASE NUMBER: 19-117540

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

A silver Volkswagen bearing Florida tag 126NLK rear ended a Toyota Corolla that was stopped at a red traffic light on the Westbound lane of SW 18th St, at the intersection of Powerline road, in unincorporated Boca Raton Palm Beach County, Florida. Upon my arrival, Megan McGinley was still on the driver seat of the Volkswagen. The driver of the Toyota positively identified McGinley as being the driver of the Volkswagen at the time of the crash.

## OBSERVATION OF DRIVER:

Had an unsteady gait. Was fumbling with her documents. Bloodshot, glassy eyes. Urinated on herself

## DRIVER'S STATEMENTS:

Post Miranda admitted having been drinking two beers approximately one and half hour prior. Admitted being the driver and colliding with the car in front of her. Stated that she was going home.

## ODORS:

slight odor of unknown alcohol beverage becoming stronger when she talked

## GENERAL OBSERVATIONS

SPEECH: slurred speech

ATTITUDE: Cooperative, short span of attention

CLOTHING: blue jean, black boots, white t-shirt with red checkered shirt.

MEDICAL/OTHER: denied any medical condition nor taking any medication

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

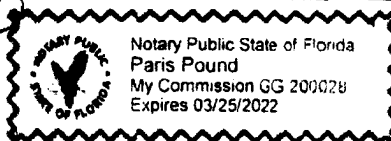
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of September 20 19 by D/S POINTU P.

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

Paris Pound (#24639)

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



SUBJECT: Mcginley, Megan, Elizabeth

CASE NUMBER 19-117540

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

VGN present, LOC present. Could not keep her head still.

**WALK & TURN:**

Did not maintain the instructional stance. Used her arm to balance. Started before being told. Stepped off the line. Did not count out loud. Did not take the proper number of steps. Did not perform the turn.

**ONE LEG STAND:**

Started before being told. Then once repeated the instruction, she started to walk heel to toe.

**FINGER TO NOSE:**

Started before being told. Keep her finger on the nose, had to be reminded every time to lower her hand. Stopped the task multiple time. Eventually performed a few steps, touching her upper lip or bottom of her nose with the middle of her finger. Never touched the tip of her nose. Anticipated instructions by raising the next hand.

**ROMBERG ALPHABET:**

Started before being told. Sang the alphabet. Opened her eyes.  
Modified Romberg: refused to perform

**BREATH TEST RESULTS:**

0.235

VNM/194 SNL/216

0.206

0.210

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

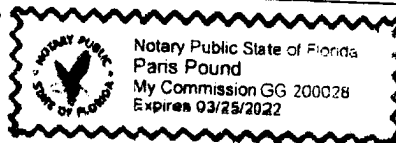
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of September, 2019 by D/S POINTU P.

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

Paris Pound (#24639)

Notary Public, Clerk of Court, Officer (F.S.S. 117.18)



FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006477 Software: 8100.27  
Date of Test: 09/21/2019

Date of Last Agency Inspection: 09/13/2019  
Observation Period Began: 03:08  
Subject's Name: MEGAN E MCGINLEY

DOB: 10/03/1991 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	03:35
Air Blank	0.000	03:36
Control Test	0.080	03:36
Air Blank	0.000	03:37
Subject Sample #1	0.235	03:37
Air Blank	0.000	03:38
Air Blank	0.000	03:40
Subject Sample #2	VNM*	03:43
Air Blank	0.000	03:44
Air Blank	0.000	03:45
Subject Sample #3	SML**	03:48
Air Blank	0.000	03:49
Control Test	0.078	03:50
Air Blank	0.000	03:50
Diagnostics Check	OK	03:50

\*Volume Not Met (0.194 - Breath Sample Not Reliable to Determine Breath Alcohol Level)  
\*\*Slope Not Level (0.216 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 17919080A1  
Exp: 08/05/2021

State of Florida, County of PALM BEACH

Personally appeared before me the undersigned authority, who (L) is personally known to me or (  ) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I PARIS D POUND, 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: [Signature] Date: 09/21/19  
Signature

Sworn to (or affirmed) before me this 21<sup>st</sup> day of September, 2019

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida D/S P. POUND

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.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006477 Software: 8100.27  
Date of Test: 09/21/2019

Date of Last Agency Inspection: 09/13/2019  
Observation Period Began: 03:08  
Subject's Name: MEGAN E MCGINLEY

DOB: 10/03/1991 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	03:53
	Air Blank	0.000	03:53
	Control Test	0.077	03:54
	Air Blank	0.000	03:54
	Subject Sample #1	0.206	03:55
	Air Blank	0.000	03:56
	Air Blank	0.000	03:58
	Subject Sample #2	0.210	04:00
	Air Blank	0.000	04:01
	Control Test	0.077	04:01
	Air Blank	0.000	04:02
	Diagnostics Check	OK	04:02

Cylinder Lot: 17919080A1  
Exp: 08/05/2021

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 PARIS D. POUND, 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: [Signature] Date: 09/21/19  
Signature

Sworn to (or affirmed) before me this 21<sup>st</sup> day of September, 2019

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida D/S P. POINTU

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.

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: MCGINLEY, MEGAN E

CASE NUMBER: 19-117540

DATE: 09/21/19

VIDEO TAPE NUMBER: NA

BEGINNING TIME: 03:33

ENDING TIME: 04:04

BREATH TESTS RESULTS: 1) .235 TIME 03:37 A.M./P.M. 2) VNM.194 TIME 03:43 A.M./P.M.

3) SNL.216 TIME 03:48 A.M./P.M. 4) .206 TIME 03:55 A.M./P.M.

BREATH OPERATOR: P. POUND # 24639 52.210 TIME 04:00 AM

MAINTENANCE TECHNICIAN: J. KARIELKE # 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE

CLOTHING: RED/GREEN/YELLOW SHIRT, BLUE JEANS, BLACK BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY + BLOODSHOT

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20  
MINUTE OBSERVATION PERIOD AT 03:08 HRS.

A. REFUSED TO ANSWER FORMAT QUESTIONS.

A. AGREED TO TAKE TEST.

A. CAME UP TO THE INSTRUMENT THE 2ND TIME  
TO BLOW. A. STARTED BLOWING AND STATED SHE WAS ABOUT  
TO PASS OUT.

A/O. READ I/C. A. DIDN'T SAY IF SHE UNDERSTOOD I/C,  
BUT SAID SHE COULD DO IT.

A. REFUSE TO FOLLOW INSTRUCTIONS CORRECTLY.

TECH. READ TEST RESULTS. A. UNDERSTOOD TEST RESULTS

A/O DIDN'T CONDUCT RIGHTS OR Q/A

A. INVOKED HER RIGHTS TO COUNSEL.

# WITNESS LIST

CASE NUMBER: 19-117540

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: Robayo, Maria, Consuelo

ADDRESS: 6972 Palmetto Circle S. #507, Boca Raton, FL 33433

PHONE NUMBERS (HOME) (561) 313 8294 (WORK) ()

CAN TESTIFY TO: wheel witness

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

ADDRESS \_\_\_\_\_

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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: \_\_\_\_\_

NOT A CERTIFIED COPY

SUBJECT: MCGINLEY, MEGAN E CASE NUMBER: 19-117540

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

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 LAST 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? \_\_\_\_\_ WHAT? \_\_\_\_\_ 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: \_\_\_\_\_

SUBJECT: MCGINLEY, MEGAN E CASE NUMBER: 19-117540

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



**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), 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), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(vii) 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), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019030861	Date: 09/22/2019
	Specialist Name/ID: AM/31562