0506362 0526382 0526382 · 19CF 2692 3496

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500800

Agency Name: West Palm Beach Police Department

Agency Report Number (N.T.A.'s only): 9 | 4 | 2019-0005036

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

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 45TH ST / FLAGLER DR WEST PALM BEACH FL

Location of Offense (Business Name, Address): 400 45TH ST/N FLAGLER DR, WEST PALM BEACH, FL 33407

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/20/2019	23:35	03/20/2019	23:55			

DEFENDANT

Name (Last, First, Middle): RIBEIRO, MICHELLE LEE

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	02/03/1973	5'04	115	BROWN	BROWN	OLIVE	Thin

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

Marital Status: U

Religion:

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 825 CENTER ST. APT. 9C, JUPITER, FL 33458

Phone: (561) 222-4930

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 825 CENTER ST. APT. 9C, JUPITER, FL 33458

Phone: (561) 222-4930

Address Source: FL DL

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

Phone:

Occupation: Editor

D/L Number, State: R160552735430 / FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): BOSTON MASS

Citizenship: 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
				☐ 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 #	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
DUI-DAMAGE TO PERSON/PROPERTY	316.193(3)(C)(1)			N	/		1	☐ Y ☒ N		OR
CRASH - LEAVING SCENE W/INJURY OTHER THAN SERIOUS BODILY	316.027(2)(A)			N	/		1	☐ Y ☒ N		OR
					/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By: DONDE

Date Transported: 03/20/2019 Time Transported: 23:53 Other

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): Criminal Justice CRIMINAL JUSTICE COMPLEX

Court Date and Time: 04/18/2019 08:30:00 3228 GUN CLUB ROAD

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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): TOMAS, CHRISTIAN I.D. #: 01808

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

Intake Deputy: DS Collins I.D. #: 7602 Pouch #

Transporting Officer: DONDE I.D. #: 1530. Agency: WPB

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☒ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.J.O. ☒ DEFENDANT

NOT A CERTIFIED COPY

SCANNED
MAR 21 AM 2:57
MAR 21 2019

City of West Palm Beach
Police Department
PROBABLE CAUSE AFFIDAVIT

OBTS #
FL0500800

CASE # 2019-0005036

DEFENDANT: Michelle Lee Ribeiro Race: White Sex: Female DOB: 02-03-1973
VICTIM: Daniel Kapp
Local Address: 1500 N Dixie Hwy West Palm Beach Fl 33401 Phone: 561-833-4022

On March 20, 2019 at approximately 1935 hours, I was dispatched to the area of 36th St and Broadway in reference to a hit and run vehicle crash. The vehicle that left the scene was described as a white SUV. While responding, dispatch advised of another vehicle crash at the intersection of 45th St and N Flagler Dr. involving a motorcycle and a white SUV. I asked dispatch if the SUV at 45th St and N. Flagler Dr. was related to the call I was responding to and was advised it was.

Upon arriving to 36th St and Broadway, I made contact with Daniel Kapp who advised he was traveling north on Broadway, approaching 36th St. Kapp was traveling in the inside lane as the light turned red, he began to slow to a complete stop. Kapp stated his vehicle was struck from behind at approximately 10 MPH. Both vehicles crossed the outside northbound lane and east onto 36th St. where they stopped. Kapp exited his vehicle and spoke to the driver, later identified as Michelle Lee Ribeiro 2-3-73. Kapp took a photo of Ribeiro's vehicle tag with his cellular device. The tag read ''GMVN92.'' Ribeiro told Kapp if he called 911 she would tell the police Kapp struck her vehicle. Kapp described Ribeiro as belligerent and ''appeared drunk.'' Kapp advised of neck pain from the impact.

Kapp stated a male approached on foot claiming to be Ribeiro's boyfriend. He told Kapp Ribeiro had been drinking and told not to drive. Ribeiro continued acting belligerently causing Kapp to walk to the intersection while speaking to 911. Kapp described seeing the white SUV fleeing east on 36th St prior to providing any information.

I contacted Ofc Dion at 45th St and N Flagler and confirmed the vehicle tag there was the same as the vehicle that struck Kapp's vehicle at 36th St. and Broadway. Kapp entered my marked patrol car and was driven to the area of 45th St. and N Flagler Dr. for a show up where he positively identified Ribeiro as the woman driving the vehicle that struck his car and fled the scene at 36th St and Broadway. See Ofc. Donde's DUI PC for further details.

At this time I believe Probable Cause exists for the arrest of Michelle lee Ribeiro for leaving the scene of an accident with injuries per F.S.S. 316.027(2)(A).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED before me

1530
OFFICER (F.S.S. 117.10)

March 21, 2019

1808
SIGNATURE OF ARRESTING OFC
Detective C. Tomas #1808

March 21, 2019

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 0500800

Agency Name: WEST PALM BEACH POLICE DEPARTMENT

Agency Report Number: 9 | 4 | 2019-0005036

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): RIBEIRO, MICHELLE LEE

Alias:

Race	Sex	Date of Birth
W	F	02/03/1973

CHARGES

Charge Description: 316.193(3)(C)(1) DUI-DAMAGE TO PERSON/PROPERTY

Charge Description: 316.027(2)(A) CRASH - LEAVING SCENE W/INJURY OTHER

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): SOCIETY,

Race	Sex	Date of Birth
W	F	

Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and 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 20 day of March, 2019 at 19:36 (Specifically include facts constituting cause for arrest.)

On Wednesday 03/20/19 at 1936 hours I was assisting in investigating a crash under case number 2019-5034 which occurred t 45th ST and North Flagler Driver. The vehicle involved were a BMW motorcycle and a white 4 door Jeep drivien by Michelle Ribeiro. While on scene investigating this crash I was told by Officer Tomas who was investigating a hit and run crash case number 19-0005036 which occurred at 36th ST and Broadway the driver of the Jeep Riberio was involved and was identified as the driver of the crash he is investigating.

Officer Tomas handled the crash investigation and I handled the DUI investigation of both crashes.
Please the results of the DUI investigation under case number 19-5036 for facts.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

03/21/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DONDE, JAY (01530)
NAME OF OFFICER (PLEASE PRINT)

03/21/2019
DATE

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE _____ DAY OF _____ 20 ____, AT _____ A.M./P.M.:

SUBJECT: _____ CASE NUMBER: _____

AGENCY: WEST PALM BEACH POLICE ARRESTING OFFICER: _____

PERSONAL CONTACT

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

OBSERVATION OF DRIVER: _____

DRIVER'S STATEMENTS: _____

ODORS: _____

GENERAL OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL PROBLEMS: _____

MEDICATIONS: _____

OTHER: _____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LEFT EYE DOES NOT FOLLOW SMOOTHLY

☐ RIGHT EYE DOES NOT FOLLOW SMOOTHLY

☐ LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☐ RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☐ DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

☐ DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? _____

WALK AND TURN: _____

CAN NOT DO, WHY? _____

ONE LEG STAND: _____

CAN NOT DO, WHY? _____

FINGER TO NOSE: _____

CAN NOT DO, WHY? _____

ROMBERG/ALPHABET: _____

CAN NOT DO, WHY? _____

BREATH/BLOOD RESULTS: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH
THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS _____ (DATE)

ARRESTING OFFICER _____

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

DISTRIBUTION: **WHITE** - State Attorney **YELLOW:** - DHSMV **PINK** - Police Records **GOLDENROD** - Jail

PD383 (1/95)

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: WEST PALM BEACH POLICE

SUBJECT: RIBEIRO, Michelle CASE NUMBER: 19-3056

DATE: 3/20/19 VIDEO TAPE NUMBER N/A

BREATH TESTS RESULTS: 1) 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: RINDE 1530

MAINTENANCE TECHNICIAN: SECORD

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

NOT A CERTIFIED COPY

SUBJECT: RIBEIRO, Michelle CASE NUMBER: 19-5086

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 Deputy of the WPSO Palm Beach.

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) 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) NO CAMERA

NOT A CERTIFIED COPY

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

WPBPD

SUBJECT: RIBEIRO, Michelle CASE NUMBER: 19-5036

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: _____

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 03/20/2019

Date of Last Agency Inspection: 02/20/2019
Observation Period Began: 21:45
Subject's Name: MICHELLE LEE RIBEIRO DOB: 02/03/1973 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	22:06
Air Blank	0.000	22:07
Control Test	0.080	22:07
Air Blank	0.000	22:08
Subject Sample #1	REF*	22:08
Air Blank	0.000	22:09
Control Test	0.079	22:09
Air Blank	0.000	22:10
Diagnostics Check	OK	22:10

*Subject Test Refused

Cylinder Lot: 24818080A2
Exp: 10/05/2020

State of Florida, County of PB,

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 J DONDE, 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: _____ Date: 3/20/19
Signature

Sworn to (or affirmed) before me this 20 day of MARCH, 2019

_____ C. THOMAS 1808
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

NOT A CERTIFIED COPY

SCANNED
MAR 21 2019

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

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

am a member of City of West Palm Beach (Name of law enforcement agency), and I do swear

or affirm that on or about the 20 day of 03, 20 19, at 739 p ■ P.M ☐ A.M.

DRIVER Michelle Lee Ribeiro (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME,

DL# R 160 552 73 543 0, state of Fl, was placed under lawful arrest for

the offense of DUI by Donde (Name of Arresting Officer) and

issued Citation # A9BDMEE.

That on or about the 20 day of March, 20 19, at 0808 ■ 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)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Officer

Date 04/20/19

(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

Notary Public _____

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)

NOT A CERTIFIED COPY

SCANNED
MAR 21 2019

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	☐	119.071(2)(h)	Other: Identity of victim of sexual battery, lewd and lascivious offense upon a person less than 16 yrs old, cheld abuse, or other sexual offense.	
	☐	119.0712(2)	Other: Personal information contained in a motor vehicle record	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019009515	**Date:** 3/21/2019
	Specialist Name/ID: M. Tooks #8557