19CT18178ANB

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	Agency Name	Agency Report Number (N.T.A.'s only)
	0501700	Jupiter Police Department	5 | 4 | 19-004372

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type: NONE | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
LOX RIVER ROAD N OF CTR, JUPITER 33458	1499 CENTER ST/LOXAHATCHEE RIVER RD, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/30/2019	03:46	09/30/2019	03:56			ALL HOOKED UP

DEFENDANT

Name (Last, First, Middle): DICKENSON, NANCY ANNE — Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/23/1986	5'10	200	BLUE	BLONDE /	LIGHT	Medium

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

Marital Status: S — Religion:

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 19112 SHOREWARD CT, JUPITER, FL 33458 — Phone: (561) 632-7083 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 19112 SHOREWARD CT, JUPITER, FL 33458 — Phone: (561) 632-7083 — Address Source: DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
D252621867630 / FL	[redacted]		WASHINGTON, DC	

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

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

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

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperse/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., S. Synthetic, P. Paraphernalia/Equipment, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - DRIVING UNDER INFLUENCE	316.193(1)*	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — 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 — Date Transported — Time Transported — 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): North County PALM BEACH GARD
Court Date and Time: 10/30/2019 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 9/30/19

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): BORROWS, ANDREW — I.D. #: 1138

Name Verification (Printed by Arrestee) (PRINT)

Issue Date — Time — Pouch # — Transporting Officer: A BORROWS — I.D. #: 380 — Agency: JPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

JH0511394 PH 3625

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	54 19-004372

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
DICKENSON, NANCY ANNE		W	F	07/23/1986

CHARGES

Charge Description	Charge Description
DUI 316.193(1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

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 30 day of September, 2019 at 03:14 (Specifically include facts constituting cause for arrest.)

On the above date at approximately 0325 hours, Officer Tappin of the Jupiter Police Department requested I respond to a traffic stop he conducted at Loxahatchee River Road near the intersection of Center Street in the Town of Jupiter, Palm Beach County, Florida.

At approximately 0314 hours, Officer Tappin conducted a traffic stop on a 2014 Mazda bearing Florida license plate 946XEI after observing it being operated without headlights on. The registered owner of the vehicle was the sole occupant, Nancy Dickenson. Officer Tappin observed signs of impairment when speaking to Dickenson. Officer Tappin requested I respond to the scene to conduct a DUI investigation. Please see Officer Tappin`s forthcoming supplemental PC affidavit for full details.

Upon my arrival I spoke with Officer Tappin. I then walked up to the driver`s side door of Dickenson`s car and asked Dickenson to exit her vehicle. She did so. I introduced myself and asked Dickenson to walk to the front of my car, which was parked off the main roadway nearby. I noticed as we walked Dickenson had an unsteady gait. Dickenson`s eyes were glassy. I could smell the odor of an unknown alcoholic beverage on Dickenson`s breath when she spoke. Dickenson`s speech was slurred. Dickenson almost immediately stated without prompting she`d consumed two alcoholic beverages. Dickenson stated she was coming from a bar and driving home. Dickenson stated she had no medical conditions and is not prescribed any medication. Dickenson agreed to complete roadside tasks.

I first conducted Horizontal Gaze Nystagmus. I am a certified Drug Recognition Expert and conducted the task in a manner consistent with my training. I observed all six standardized clues of Horizontal Gaze Nystagmus. I observed Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation and Onset of Nystagmus prior to 45 degrees in both of Dickenson`s eyes. I also observed Vertical Gaze Nystagmus was

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (NOTARY PUBLIC)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

09/30/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

09/30/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS R.I.D.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 19-004372

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
DICKENSON, NANCY ANNE		W	F	07/23/1986

PROBABLE CAUSE STATEMENT

present.

I next conducted the Walk and Turn task. Dickenson lost her balance from the starting position. Dickenson stepped off the line on the first step. Dickenson missed heel to toe on the seventh and ninth steps. Dickenson turned improperly, pivoting on the balls of both feet and stumbling to her left. On the return step, Dickenson missed heel to toe on the third step and then stopped for balance. Dickenson missed heel to toe on the fourth and fifth steps. Dickenson stepped off the line and stopped on the fifth step. Dickenson missed heel to toe on the sixth, seventh and ninth steps. Dickenson used her arms for balance several times during the task.

I then conducted the One Leg Stand task. Dickenson was swaying during the majority of the task. Dickenson used her arms for balance and placed her foot down on, "1000-6." Dickenson stopped for several seconds. I asked her to keep going. Dickenson started to sway and use her arms for balance again. Dickenson hopped and placed her foot down on, "1000-12." I again had to ask Dickenson to continue. Dickinson immediately placed her foot down on, "1000-13" and just after that 30 seconds expired and I terminated the task.

I then conducted Finger to Nose. I observed the following: L1: Dickenson touched her nose at approximately the middle of the bridge before moving it to the tip of her nose. Dickenson forgot to put her finger back down to the side. I reminded her to. R2: Dickenson touched the pad of her finger to the tip of her nose. L3: Dickenson touched her nose over the left nostril. R4: Dickenson touched her nose over the right nostril with the pad of her finger. R5: Dickenson brought the wrong hand about halfway up before switching and touching the tip of her nose with the pad of her finger. L6: Dickenson touched the tip of her nose with the pad of her finger. Dickenson was swaying visibly during the task.

I then conducted the Romberg / Alphabet Resuscitation. Dickenson stated the alphabet as follows: "A B C D E F G H I J K L M N O P Q R X ugggg I`m sorry, Q R X, I`m sorry." As Dickenson was apologizing, she stumbled and took several steps. Dickenson was swaying while completing the task.

Based on the totality of the circumstances I determined I had probable cause to arrest Dickenson for DUI. I advised her and placed her under arrest. I secured Dickenson in handcuffs which I checked for spacing and double locked. I secured Dickenson in the back of my police car and transported her to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation upon arrival. I then requested Dickenson provide a sample of her breath. She declined. I read Implied Consent from a prepared text. Dickenson stated she understood and again declined to provide a sample of her breath. I then secured Dickenson in a holding cell while I completed my paperwork. I subsequently booked Dickenson into the Palm Beach County Jail where I

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

09/30/2019
DATE

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

09/30/2019
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 19-004372

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance
☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
DICKENSON, NANCY ANNE		W	F	07/23/1986

PROBABLE CAUSE STATEMENT

charged her with DUI per FSS 316.193(1).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

09/30/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

09/30/2019
DATE

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

19-004372

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

I, **Ofc. A. Borrows 380 / 1138** , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the **30th** day of **September** , 20 **19** , at **0346** ☐ P.M ☑ A.M.

DRIVER **Nancy** **Ann** **Dickenson** ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **D-252-621-86-763-0** , state of **Florida** , was placed under lawful arrest for

the offense of **DUI** by **Ofc. A. Borrows 380 / 1138** and
(Name of Arresting Officer)

issued Citation # **AATBM8E** .

That on or about the **30th** day of **September** , 20 **19** , at **0438** ☐ P.M ☑ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a X **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

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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 **30th** day of **September** , 20 **19** , by **Ofc. A. Borrows 380 / 1138** , who is personally known to me or who has produced **PERSONALLY KNOWN** 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)

WITNESS LIST

CASE NUMBER: 19-004372

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: Officer Kevin Tappin

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) (WORK) 561 746 6201

CAN TESTIFY TO: Sup PC (Stopping officer)

NAME: Officer Elizabeth Raliegh

ADDRESS 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO: Scene

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:

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: DICKENSON, NANCY A

CASE NUMBER: 19-120863

DATE: 09/30/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0437

ENDING TIME: 03439

BREATH TESTS RESULTS: 1) R TIME 0438 A.M./P.M. 2) N/A TIME XX A.M./P.M.

3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET,FIDGETING

CLOTHING: BLUE AND WHITE DRESS, BROWN JACKET, RED SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES: GLASSY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0416 HRS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C. AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS AND DECLINED TO ANSWER ANY QUESTIONS

SUBJECT: Dickens, Nancy A CASE NUMBER: 19-007372

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: C/C A. Barrows #3260

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

SUBJECT: Dickenson, Nancy A CASE NUMBER: 19-004372

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.

SCANNED
OCT 01 2019

SUSPECT'S SIGNATURE: (X) Read on Camera

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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019031842	**Date:** 10/01/2019
	Specialist Name/ID: AM/31562