0509292 2019CT012702AMB 683

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

Type: 1 | Juvenile: N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N T A 's only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-091054

ChargeType (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Weapon Seized / Type (1 Yes 2 No): 2 NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 12772 MEADOW BREEZ DRIVE WELLINGTON, FL

Location of Offense (Business Name, Address): BIG BLUE TRACE & SOUTH SHORE BLVD WELLINGTON, FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/08/2019	8:51					LEFT ON SCENE

DEFENDANT

Name (Last, First, Middle): MILONE, RONALD

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

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/29/1939	5'11"	170	BRW	GRAY	FAIR	THIN

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

Marital Status: Widowed | Religion: CATHOLIC

Indication of Alcohol Influence: Y ☒ N ☐ Unk ☐
Drug Influence: Y ☐ N ☐ Unk ☒

Local Address (Street, Apt Number) (City) (State) (Zip): 12772 MEADOW BREEZE DRIVE WELLINGTON, FL 33414

Phone: (516) 376-5064

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

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

Phone: ( )

Address Source: FLORIDA DRIVER LICENSE

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

Phone: ( )

Occupation: RETIRED

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
173043807, NY	[redacted]		LONG ISLAND, NY	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 ☐ Legal Custodian ☐ Other

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

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, 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 Paraphernalia/ Equipment, S Synthetics, U Unknown, Z Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	REFUSAL	19-091054		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month 8th Day AUGUST Year 2019 Time 08:30 AM X 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

(X) [signature] — Signature of Defendant (or Juvenile and Parent /Custodian)

07/08/2019 — Date Signed

ADMIN

HOLD for other Agency — Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: Inv. J. Schaefer #8777

Name of Arresting Officer (Print): INV. J. SCHAEFER | ID #: 8777

Name Verification (Printed by Arrestee): (PRINT) (X) [signature]

Intake Deputy: [signature] | Pouch #

Transporting Officer: INV. J. SCHAEFER | ID #: 8777 | Agency: PBSO

Witness here if subject signed with an X

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N T A 's ONLY)

PBSO #148 REV 8/97

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF JULY 20 19, AT 20:25 AM ✓ PM

SUBJECT: MILONE, RONALD CASE NUMBER: 19-091054

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 07/08/2019 at approximately 20:25hrs, I was dispatched to 12772 Meadow Breeze Drive in reference to a report of a possible impaired driver who struck reflective posts surrounding the median in the area of Big Blue Trace & South Shore Blvd. which is located in the Village of Wellington, Palm Beach County, Florida. The witness was followed the driver to his residence and fearing for the safety of the defendant, removed the keys from the vehicle. I arrived on scene at approximately 20:35hrs with Fire Rescue tending to the defendant due to his altered state of mind and age. It was determined that no damage to property was caused and damage on the vehicle was from prior events.

Witness "ADAM MCCORMICK FUNK" identified the defendant, to me, as the driver and sole occupant, of the 2016 Toyota Camry bearing Florida tag CVH8R at the time of the crash. Funk completed a recorded sworn video statement as to the events which transpired surrounding the crash, the driving pattern and his concern for the safety of the defendant and the public.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his New York driver license as "RONALD MILONE", I immediately detected a very obvious and very strong odor of an unknown alcoholic beverage emanating from his person and face area. This odor intensified as I spoke to Milone. Milone had very glassy, glazed, and blood shot eyes. Milone's speech was extremely slurred, slow, thick, and at times difficult to understand. Milone's movements were slow, deliberate, and lethargic with poor coordination. Milone had difficulty following directions given to him and was very defiant. Milone was wearing a blue plaid shirt, blue slacks, and gray shoes. All the clothing appeared disheveled.

DRIVER'S STATEMENTS:

Pre-Miranda: Milone stated he had 2, 3, 4 beers.

Milone refused to provide a blood sample after implied consent was read to him and Milone stated he did not care. Milone made post Miranda admissions that was driving after drinking all day and was involved in an accident earlier in the day and hit "something in the road this evening."

ODORS:

A very strong and very obvious odor of an unknown alcoholic beverage was emanating from his person and face area which intensified as I spoke to Milone.

GENERAL OBSERVATIONS

SPEECH: **Milone's speech was extremely slurred, slow, and thick, and at times difficult to understand.**

ATTITUDE: **indifferent, sleepy, uncooperative, emotional, annoyed, pleading, belligerent, resisted, threatening**

CLOTHING: **blue plaid shirt, blue slacks, and gray shoes.**

MEDICAL/OTHER: **none stated**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER Inv. JSchaefer #8777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of JULY 20 19 by INV. J. SCHAEFER

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

Notary Public, Clerk of Court, Officer (F S S 117 10)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SUBJECT: MILONE, RONALD CASE NUMBER 19-091054

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN:

NOT PERFORMED

ONE LEG STAND:

NOT PERFORMED

FINGER TO NOSE:

NOT PERFORMED

ROMBERG ALPHABET:

NOT PERFORMED

BREATH TEST RESULTS: **Blood Refusal**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER Inv. JSchaefer #8777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of JULY 2019 by INV. J. SCHAEFER

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

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

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

WITNESS LIST

CASE NUMBER: 19-091054

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): ____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S DAVID SCHNEIDER #8723 (DISTRICT 8)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) ____ (WORK) (561) 688-3000

CAN TESTIFY TO: SIGNS OF IMPAIRMENT BY DEFENDANT AND OBTAINED STATEMENT FROM WITNESS

NAME: ADAM MCCORMICK FUNK

ADDRESS 1665 WEATHER VANE PLACE WELLINGTON, FL 33414-5012

PHONE NUMBERS (HOME) ____ (WORK) (561) 908-1042

CAN TESTIFY TO: WHEEL WITNESS AND SIGNS OF IMPAIRMENT

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: ____

SUBJECT: **MILONE,, RONALD,** CASE NUMBER: **19-091054**

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 o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am **INV. J. SCHAEFER** of the **PBSO**

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: **READ TO AND REFUSED TO SIGN** **MILONE,, RONALD,**

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: **READ TO AND REFUSED TO SIGN** **MILONE,, RONALD,**

19-091054

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, INV. J. SCHAEFER, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO. and I do swear
(Name of law enforcement agency)

or affirm that on or about the 8th day of JULY, 20 19, at 8:51 ☑ P.M. ☐ A.M.

DRIVER RONALD MILONE,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 173043807, state of NEW YORK, appeared for treatment at a hospital, clinic, or other medical facility pursuant to s. 316.1932(f)(c), Florida Statutes, and a breath or urine test was impossible or impractical

That on or about the 8th day of JULY, 20 19, at 9:30 ☑P.M. ☐A.M.

in PALM BEACH County.

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (l) 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

Inv. J Schaefer #8777
Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Samantha Palmer
My Commission GG 233782
Expires 10/28/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 8th day of JULY, 20 19, by INV. J. SCHAEFER, who is personally known to me or who has produced PERSONALLY KNOWN LEO as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me

Signature of Attesting Officer

Title

Date 07 / 08 / 2019

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-BAR1002 (REV. 10/16)

FLORIDA DUI UNIFORM TRAFFIC CITATION A2G48PP

COUNTY OF: PALM BEACH
☐ (1) FHP ☐ (2) PD ☒ (3) SO ☐ (4) OTHER
CITY (IF APPLICABLE): WELLINGTON
AGENCY NAME: PBSO
AGENCY #

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT
(RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	TIME
MON	JULY	8th	2019	9:30 ☐ AM ☒ PM

NAME (PRINT) FIRST: RONALD MIDDLE: – LAST: MILONE
STREET: 12772 MEADOW BREEZE DRIVE
CITY: WELLINGTON STATE: FL ZIP CODE: 33414
TELEPHONE NUMBER
DATE OF BIRTH MO: 01 DAY: 29 YR: 39 RACE: W SEX: M HGT: 5'11
DRIVER LICENSE NUMBER: 173043807
STATE: NY CLASS: D CDL LICENSE ☐ Y ☒ N YR LICENSE EXP: 21
COMMERCIAL VEHICLE ☐ YES ☒ NO
YR VEHICLE: 16 MAKE: TOYO STYLE: 4DR COLOR: RED
PLACARDED HAZARDOUS MATERIAL ☐ YES ☒ NO
VEHICLE LICENSE NO: CVH8R TRAILER TAG NO STATE: FL YEAR TAG EXPIRES: 20
≥ 16 PASSENGERS ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION NAMELY: 12772 MEADOW BREEZE DRIVE
MOTORCYCLE ☐ YES ☒ NO
COMPANION CITATION(S) ☐ YES ☒ NO
FT ______ MILES ______ ☐ N ☐ S ☐ E ☐ W OF NODE

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF REFUSAL

COMMENTS PERTAINING TO OFFENSE: DRIVING UNDER THE INFLUENCE RE-EXAM ☐ YES ☒ NO
☐ AGGRESSIVE DRIVER PASSENGER < 18 YEARS ☐ YES ☒ NO STATE STATUTE SECTION: 316.193 (1) SUB-SECTION
CRASH ☐ YES ☒ NO DAMAGE TO OTHER PROPERTY ☐ YES $ ☒ NO INJURY TO ANOTHER ☐ YES ☒ NO SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☒ NO FATAL ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

AUG 8th, 2019 @ 0830
COURT DATE: CRIMINAL JUSTICE COMPLEX **A2G48PP**
3228 GUN CLUB RD WPB, FL 33406
COURT NAME AND LOCATION

ARREST DELIVERED TO: COUNTY JAIL DATE: 7/8/19

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. INDEPENDENT OF SIGNATURE IS NOT AN ADMISSION OF GUILT. PERSONS WITH DISABILITIES REQUIRING ACCOMMODATIONS TO COMPLY WITH THIS CITATION CONTACT THE CLERK OF THE COURT ... RIGHTS IF YOU NEED REASONABLE FACILITY

(X) [signature]
SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR

☐ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE

☒ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL

LICENSE SURRENDERED? ☒ YES ☐ NO REASON ______
ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON ______

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION

AT THE LAUDERDALE LAKES DHSMV BUREAU OF ADMINISTRATIVE REVIEWS OFFICE. YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE

INV. [signature] #8777 DUI
RANK SIGNATURE OF OFFICER BADGE NO ID NO TROOP UNIT

HSMV 75904 (Rev 7/13)

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: 2019022300	**Date:** 7/9/2019
	Specialist Name/ID: Gammage/5660