

DB'S Number		19517287		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1		Juvenile		N							
Agency ORI Number		Agency Name				Agency Report Number (N.T.A.'s only)															
FLO 50000		PALM BEACH COUNTY SHERIFF'S OFFICE				06-19-116294															
Charge Type		1. Felony		3. Misdemeanor		5. Ordinance		Weapon Seized / Type		Multiple Clearance Indicator		01									
Check as many as apply:		2. Traffic Felony		4. Traffic Misdemeanor		6. Other		2 1. Yes 2. No													
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)															
Pheasant Way / Raintree Ter, Boca Raton, FL 33487						Pheasant Way / Raintree Ter, Boca Raton, FL 33487															
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
09/17/2019		22:06																			
Name (Last, First, Middle)												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Weindorf, Ronald, Richard																					
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build					
W - White I - American Indian B - Black C - Oriental/Asian		W		M		11/22/1955		6'02		160		blue		gray		light medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Mental Status		Religion		Indication of Alcohol Influence		Y N Unk.							
none								Single		CHRISTIAN		0 0 0		0 0 0							
Local Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Residence Type:							
4145 Birchwood Dr, Boca Raton, FL 33487												(561) 997 5853		1. City 2. County 3. Florida 4. Out of State							
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source							
												()		DL							
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation							
												()		Teacher							
D/L Number, State				Sec. Sec. Number				INS Number				Place of Birth (City, State)				Citizenship					
W536736554220, FL												Brooklyn, NY				US					
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		1. Arrested		3. Felony	
																		0 2		4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		1. Arrested		3. Felony	
																		0 2		4. Misdemeanor 5. Juvenile	
Parent												Name (Last)		(First)		(Middle)		Residence Phone			
Legal Custodian																		()			
Other																		()			
Address (Street, Apt. Number)												(City)		(State)		(Zip)		Business Phone			
																		()			
Notified by (Name)						Date		Time		Juvenile Disposition		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.												School Attended				Grade					
Yes, by (Name)												No, (Reason)									
Property Crime?												Description of Property				Value of Property					
Yes No																					
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		S. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
N. N/A		B. Buy		D. Deliver		E. Use						N. N/A		C. Cocaine		M. Marijuana		S. Synthetics		Z. Other	
P. Possess		T. Traffic										A. Amphetamine		E. Heroin		O. Opium/Derv.					
Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #							
Driving Under the Influence with property damage						1		0 Y 0 N		316.193(3)(c)1											
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number				Bond							
N		N				19-116294															
Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #							
								0 Y 0 N													
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number				Bond							
Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #							
								0 Y 0 N													
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number				Bond							
Charge Description						Counts		Domestic Violence		Statute Violation Number				Violation of ORD #							
								0 Y 0 N													
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 7th 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.												09/17/2019									
Signature of Defendant (of Juvenile and Parent/Custodian)												Date Signed									
Signature of Arresting Officer												Name Verification (Printed by Arrestee)									
Name												Ronald Weindorf									
Name of Arresting Officer (Print)												D/S POINTU P.									
I.D. #												16032									
Witness here if subject signed with an "X"												PAGE 1 OF 1									

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

ADMIN	OBTS Number	Agency ORI Number FLO. 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 19-116294		
	Charge Type Check as many as apply	1 Felony <input type="checkbox"/>	2 Traffic Felony <input type="checkbox"/>	3 Misdemeanor <input type="checkbox"/>	4 Traffic Misdemeanor <input checked="" type="checkbox"/>	5 Ordinance <input type="checkbox"/>	6 Other <input type="checkbox"/>

DEF.	Name (Last, First, Middle) Weindorf, Ronald Richard	Alias	Race W	Sex M	Date of Birth 11/22/55
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CHARGES	Charge Description DUI	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth
	Local Address (Street, Apt Number) (City) (State) (Zip) Phone	Address Source		
	Business Address (Name, Street) (City) (State) (Zip) Phone	Occupation		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law
The Person taken into custody

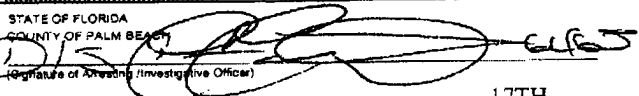
committed the below acts in my presence. was observed by _____ who told _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 _____ was found to have committed the below acts, resulting from my (described) investigation.

On the 17th day of September 20 19 at 9:47 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I responded to 4601 Pheasant Walk Way, located in the Pheasant Walk Community, unincorporated Boca Raton, Florida in reference to a possible hit and run investigation.
 Upon my arrival in the 4600 block of Pheasant Walk Way, I observed a 4d Gold Hyundai facing southbound along a walk path. The vehicle was positioned upon a large rock and there was a white male behind the wheel of the vehicle. The white male was later identified as Ronald Weindorf and this was verified by his Florida Driver License. The male appeared to be under the influence by the smell of an alcoholic beverage emitting from his facial area and the male being unsteady on his feet upon exiting the driver's side door.
 I contacted a DUI Unit and the case was turned over to him.

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting Investigative Officer)	The foregoing instrument was sworn to or affirmed and subscribed before me the 17TH day of September 20 19 by D/S T.FARRINGTON6465
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification Type of identification produced	PERSONALLY KNOWN
	Notary Public, Clerk of Court, Officer (F.S. 8), 117, 1 01 D/ BINN 16032	PAGE 1 OF 1

SCANNED
SEP 18 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF September 20 19, AT 21:31 AM PM

SUBJECT: Weindorf, Ronald, Richard CASE NUMBER: 19-116294

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)

We were called for a vehicle that was driving in the neighborhood, hitting mailboxes. Upon D/S Farrington (#6465) arrival, he observed a Hyundai bearing Florida tag IDC994 that was matching the description, with a white male behind the wheel. The vehicle was positioned upon a large rock near the the intersection of Pheasant Way and Raintree Ter, in unincorporated Boca Raton, Palm Beach County, Florida. The male, who was the driver and only occupant of the vehicle, was attempting to get the car out of the rock. The driver was identified by his Florida driver's license as Ronald Weindorf. The vehicle had multiple damage, the windshield had also two impacts.

OBSERVATION OF DRIVER:

The male was extremely unsteady on his feet while standing and we had to ask him to seat on the front bumper of one of our vehicle as we were worried that he would fall. Driver had glassy and bloodshot eyes and was swaying back and forth more than 5 inches despite using a wide foot stance. Driver urinated on himself.

DRIVER'S STATEMENTS:

Post Miranda, he would denied being the driver and said that he hasn't been in a car for at least 4 hours. He denied having been drinking and denied any medical condition.

ODORS:

Very strong odor of unknown alcohol beverage coming from his person and becoming stronger when he talked.

GENERAL OBSERVATIONS

SPEECH: slurred speech

ATTITUDE: polite, but repetitive and forgetful. At one time he believed that he was in Long Island, NY.

CLOTHING: blue polos shirt with white stripes, tan short, no shoes

MEDICAL/OTHER: denied any medical condition nor taking medication

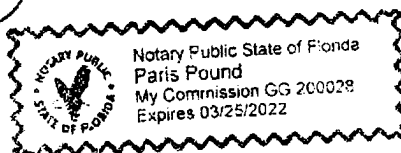
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th 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. 117.01)



SCANNED
SEP 18 2019

SUBJECT: Weindorf, Ronald, Richard

CASE NUMBER 19-116294

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:

glassy bloodshot eyes. No resting nystagmus. HGN task not performed (refused after Taylor warnings)

WALK & TURN:

Refused all tasks after Taylor warnings.

ONE LEG STAND:

FINGER TO NOSE:

ROMBERG ALPHABET:

BREATH TEST RESULTS: refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

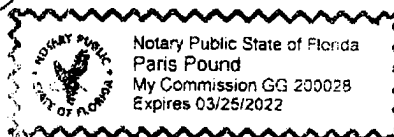
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th 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 117.10)



SCANNED
SEP 18 2019

WITNESS LIST

CASE NUMBER: 19-116294

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: D/S Farrington (#6465)

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: 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: _____

SCANNED
SEP 18 2019

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: WILSON, RONALD R CASE NUMBER: 19 116214

DATE: 09/17/10 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 23 17 ENDING TIME: 23 20

BREATH TESTS RESULTS: 1) R TIME 23 20 A.M./P.M. 2) n/a TIME --- A.M./P.M.
3) n/a TIME --- A.M./P.M. 4) n/a TIME --- A.M./P.M.

BREATH OPERATOR: [Signature]

MAINTENANCE TECHNICIAN: [Signature]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [Faint handwriting]

ATTITUDE: [Faint handwriting]

CLOTHING: [Faint handwriting]

MEDICAL CONDITIONS: [Faint handwriting]

MEDICATIONS: [Faint handwriting]

OTHER: [Faint handwriting]

COMMENTS: [Faint handwriting]

[Faint handwriting]

[Faint handwriting]

[Faint handwriting]

[Faint handwriting]

[Faint handwriting]

[Faint handwriting]

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[Faint handwriting]

SCANNED

SEP 18 2010

SUBJECT: WILSON, RONALD R CASE NUMBER: 17-116274

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) RONALD R WILSON

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) RONALD R WILSON **SCANNED**

SUBJECT: WILLIAMS, RONALD R CASE NUMBER: 11-110274

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

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

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

SCANNED

SUBJECT: WARRANT RONALD R CASE NUMBER: 11-11424

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: _____

SCANNED
SEP 18 2019

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

19-116294

I, D/S POINTU P., a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 17 day of September, 20 19, at 22:06 P.M. A.M.

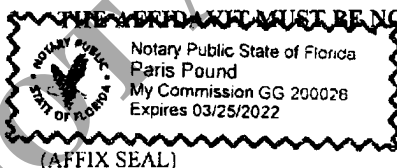
DRIVER Ronald Richard Weindorf
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W536736554220, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence with property damage by D/S POINTU P. and
issued Citation # A2G4DBP
(Name of Arresting Officer)

That on or about the 17th day of September, 20 19, at 23:20 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 foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

The foregoing instrument was sworn and subscribed before
me this 17th day of September, 20 19,

by D/S POINTU P.,

who is personally known to me or who has produced
known as identification

Notary Public Paris Pound (#24639)

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)

SCANNED
SEP 18 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	<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"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019030436	Date: 9/18/2019
	Specialist Name/ID: Gammage/5660

**SCANNED
SEP 18 2019**