18 G 020405

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-143758

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

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): US 441 / SW 18th St, Boca Raton, FL

Location of Offense (Business Name, Address): US 441 / SW 18th St, Boca Raton, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/12/2018	03:49	11/12/2018				Emerald Towing, 1900 N.W. 1st Ave., Boca Raton, FL 33432, (561) 395-9595

DEFENDANT

Name (Last, First, Middle): **Scheff, Samantha, Eden**

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	F	7/10/1989	5'02	170	brown	brown	light	large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): tattoos, lower back left side,

Marital Status: single | Religion: jewish | Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. / Drug Influence ☐ ☐ ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 5371 W Hillsboro Blvd Apt #302, Coconut Creek, FL 33073

Phone: (561) 674 2110

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

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

Phone: ( )

Address Source: DL

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

Phone: ( )

Occupation: Attorney

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S100785897500, FL	[redacted]		Long Island, New York	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
Co-Defendant Name (Last, First, Middle)				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

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

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

Notified by: (Name) | Date | Time | Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

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

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

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

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		18-143758		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
				Received WB	

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N	NOV 14 2018	

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

NOTICE TO APPEAR

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 December Day 10 Year 2018 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

Signature of Defendant (or Juvenile and Parent / Custodian)

Date Signed: 11/12/2018

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy | Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S POINTU P. I.D. #: 16032

Transporting Officer: D/S POINTU P. ID #: 16032 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

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

OW577148

945

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-143758

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
Scheff, Samantha, Eden	07/10/1989	W	F	7/10/1989

CHARGES

Charge Description	Charge Description
DUI	
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 reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody

- [x] 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 commit the below acts.
- [ ] was found to have commited the below acts, resulting from my (described) investigation.

On the _____ day of _____ 20___ at _____ [ ] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

On Monday, November 12, 2018 at approximately 03:26 I was conducting a business check at the Cumberland Gas Station located at 23077 South State Road 7 in the unincorporated Boca Raton, Palm Beach County Florida.

I observed a silver two door vehicle come out of the gas station. As the vehicle approached the stop sign to go into the main road (State Road 7) the vehicle failed to come to a complete stop. I then activated my lights and sirens and conducted a traffic stop. The silver vehicle was bearing a Florida tag of Y50QPS. I approached the vehicle on the driver side and made contact with a white female later identified by her Florida driver license as Samantha Scheff. Upon contact I detected a strong odor of an unknown alcoholic beverage coming from the inside of her vehicle. As Samantha started talking I detected the odor coming from her mouth area. I advised Samantha the reason of my traffic stop and requested her driver license, vehicle registration, and insurance card. Samantha displayed glassy eyes and slurred speech to what I asked her if she was okay and she replied yes. I observed Samantha having difficulty trying to produce the documents I had just requested from her. I asked Samantha if where was she coming from and she had anything to drink to what she just answer saying I had one drink but I do not drink. I asked her again since I was confused with her answer and she replied she never drink and drive. After several seconds Samantha was able to provide her Florida driver license. I asked Samantha one last time if she had anything to drink and she replied "I had just one drink but I'm fine". Samantha advised she was an attorney and if I could help her. Deputy P. Pointu #16032 arrived o scene shortly after and based on my observation began a DUI investigation.

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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 this 12 day of November 20 18 by _____

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

DU Pointu 16032

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

2018 NOV 13 AM 7:33

PAGE ____ OF ____

PBSO 00004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF November 20 18, AT 03:26 ✓ AM PM

SUBJECT: Scheff, Samantha, Eden CASE NUMBER: 18-143758

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

PERSONAL CONTACT

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

A silver Ford bearing Florida tag Y50QPS Was stopped by D/S Pinzon (#33100) for failure to mark a complete stop at a stop sign at 23077 South State Road 7, in unincorporated Boca Raton, Palm Beach County. The driver and only occupant of the vehicle was identified by her Florida driver's license. Upon my arrival, was still on the driver seat, with the engine running.

OBSERVATION OF DRIVER:

Had difficulty producing her driving documents. Glassy and bloodshot eyes, unsteady gait when asked to exit the vehicle.

DRIVER'S STATEMENTS:

Initially denied having been drinking, then admit having "just one drink but I'm fine". Admitted post Miranda having two Vodka-Martini a few hours earlier.

ODORS:

strong smell of unknown alcohol beverage that followed her and became stronger when she talked.

GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **cooperative. After the arrest, crying.**

CLOTHING: **multicolor flower dress, black high heel shoes**

MEDICAL/OTHER: **Low blood pressure. Denied taking any medication.**

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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 12 day of November 20 18 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: DL

Keriane Moynihan (#22079)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn.

SUBJECT: Scheff, Samantha, Eden **CASE NUMBER** 18-143758

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:

VGN. Swayed. No resting nystagmus. No LOC. Glassy and bloodshot eyes.

WALK & TURN:

Unable to maintain the instructional stance. Did not walk heel to toe at each step, took 10 steps forward and back, used her arms to balance. Stopped before the turn to ask the number of steps, but still took 10 instead of 9 after being reminded.

ONE LEG STAND:

Lowered her legs multiple times, stopped the task before being told, used her arms to balance, swayed.

FINGER TO NOSE:

Open her eyes, touched the side or bottom of her nose multiple times, used the pad of her finger instead of the tip, swayed.

ROMBERG ALPHABET:

Opened her eyes, swayed.
Modified Romberg: stopped the 30s count at 1 min and 10 sec. Then stated that I asked her to count to 1 minute.
Opened her eyes.

BREATH TEST RESULTS: **refusal**

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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 12 day of November 2018 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

Keriane Moynihan (#22079)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Ass.

WITNESS LIST

CASE NUMBER: 18-143758

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 Pinzon (#33100)

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

PHONE NUMBERS (HOME) 0 (WORK) (561) 688 3000

CAN TESTIFY TO: Driving pattern, wheel witness.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: [redacted] CASE NUMBER: 15-143753

DATE: 11/12/15 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 05:17 ENDING TIME: 05:30

BREATH TESTS RESULTS: 1) R TIME 05:19 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: K. Maynard #3379

MAINTENANCE TECHNICIAN: J. Kovacic #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: Quiet, angry, upset, cooperative.

CLOTHING: Wearing [illegible]

MEDICAL CONDITIONS: None known

MEDICATIONS: None

OTHER: Eyes glassy and bloodshot

COMMENTS: Arrived at Testing Site, A/D began 20 minute observation Period at 01:51 hrs.

REFUSED

A/D refused to take test

A/D read TL

A/D stated she understood TL and again refused to take test.

A/D read A Rights and refused to sign and stated then again

A/D attempted QNA

A invoked Rights.

REFUSED

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SUBJECT: [illegible] CASE NUMBER: 15-143753

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) Refused to Sign

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) Refused to Sign

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SUBJECT: Smith, Samantha E CASE NUMBER: 13-143758

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: _____

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STATE OF FLORIDA **18-143758**

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

AFFIDAVIT OF REFUSAL TO SUBMIT TO

BREATH AND/OR URINE TEST

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 **12** day of **November**, 20 **18**, at **03:49** ☐ P.M. ☑ A.M.

DRIVER **Samantha** **Eden** **Scheff**,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **S100785897500**, state of **Florida**, was placed under lawful arrest for

the offense of **Driving Under the Influence** by **D/S POINTU P.** and
(Name of Arresting Officer)

issued Citation # **A2G3OUP**

That on or about the **11th** day of **November**, 20 **18**, at **05:18** ☐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)

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **12** day of **November**, 20 **18**, by **D/S POINTU P.**, who is personally known to me or who has produced **known** as identification

Notary Public **Keriane Moynihan (#22079)**

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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-BAR1601 (REV. 10/2016)

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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:	

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REVIEW COMPLETED BY

Booking Number: 2018037805	**Date:** 11/12/2018
	Specialist Name/ID: J. Beck/9007