



PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile N

DBTS Number

Agency ORI Number  
FLO 500000

Agency Name  
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number  
06-19-112961

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

Special Notes:

Name (Last, First, Middle)  
Matrafajlo, Tina, Zetehane

Alias

Race  
W

Sex  
F

Date of Birth  
3/2/1974

Charge Description  
Driving Under The Influence (DUI) 316.193(1)

Charge Description  
Resisting arrest without violence

943.02

Charge Description

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.
- 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 committed the below acts, resulting from my (described) investigation.

On the 9 day of September 20 19 at 0207  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

I was stopped in the northbound lanes of Australian Ave. waiting to turn west at the intersection of Belvedere Rd. I observed a white 4 door vehicle traveling southbound on Australian Ave and ran the red traffic light at Belvedere Rd. I positioned my vehicle behind this vehicle. The vehicle slowed and began to enter a left turn lane then came back into the travel lane. The vehicle was swerving and the speed was erratic. I conducted a traffic stop as the vehicle drove past the Palm Beach airport entrance. The driver's side tires struck the center median curb. The vehicle stopped in a left turn lane but the passenger side tires were still in the lane of travel. The vehicle was a white Chrysler 300 4 door bearing FL tag INMB53. I made contact with the driver who was the sole occupant. The driver was a white female wearing a blue dress and socks with no shoes. She was sitting in the driver seat with her legs spread so I was able to see her underwear. I requested her driver license and she spoke extremely softly. Numerous times, I requested her driver license but she refused to provide it to me. She just looked at me and gave a "thousand yard stare". She appeared to not understand what was happening. She appeared extremely disoriented. She was unable to tell me where she currently was. She asked me why I was doing this to her and told me to "just kill me". She said this several times to me. She refused to tell me her name. A computer check revealed the registered owner was Tina Matrafajlo (defendant). I asked her if she was Tina and she said yes. I asked her to exit her vehicle and she did not acknowledge me. I asked her several more times to exit the vehicle but she would not respond. I requested she submit to roadside tasks and she would not reply to me. I asked her what drugs she had taken but she would not reply to me. When she would not reply to me I told her that if she failed to submit to the roadside tasks it could be used against her in court. I also told her that if she failed to perform the tasks, I would be forced to conclude my investigation and base my decision as to her impairment solely on the fact at hand. Again, she would not respond to me. At this point, I told her she was under arrest and ordered her out of the vehicle, she did not respond. I then opened the driver's door and attempted to place her into custody. She pulled her arm away from me. With the assistance of Inv. Zeitz #24970, Inv. Schaefer #8777, and Trooper Robert Sayih #3822, I removed her from the vehicle and escorted her to the ground.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. A. Soloway #8586

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of September 20 19 by Inv. A Soloway


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

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

PAGE  
1 OF 1

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-19-112961</b>				
Charge Type: Check as many as apply.		Special Notes:						
<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance				
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Name (Last, First, Middle) <b>Matrafajlo, Tina, Zetehane</b>		Aliases		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>3/2/1974</b>		
Charge Description <b>Driving Under The Influence (DUI)</b>		316.193(1)		Charge Description <b>Resisting arrest without violence</b>		843.02		
Victim's Name (Last, First, Middle) <b>State of Florida,</b>		Local Address (Street, Apt. Number)		City	(State)	(zip)	Phone	Address Source
Business Address (Name, Street)		City	(State)	(zip)	Phone	Occupation		
<p>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.</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>9</u> day of <u>September</u> 20<u>19</u> at <u>0207</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>She continued to pull away from all four of us. She appeared to have an abnormal amount of strength while she resisted. I ordered her to stop resisting and to go onto her stomach but she would not comply. The four of us were able to roll her to her stomach. I used an arm bar technique on her right arm to gain control of her. I then placed her right hand into handcuffs. We were then able to place her left arm into the other handcuff. Due to her resisting arrest, she had scrapes on her knees and elbow. I then double locked her handcuffs and adjusted them for proper fit. She was then secured in the rear of my patrol car. Due to her now being very lethargic and her minor scrapes, WPBFD responded and transported her to Wellington Regional Hospital for medical evaluation. At the hospital she became slightly more oriented. I read her Miranda warnings, of which she said she understood. She said she did not know what road she was on when I stopped her and did not know why she was stopped. She said she was coming from home and was looking for her dog. She did not know what time she left her home or the current time. She said she was not in control of her own life. She said she has no medical problems and does not take any medications. She admitted to using Mushrooms and Meth at approximately 6:00pm. She said she uses them "all the time". She also said she "shot gunned" an unknown drug with someone else. (this is where one person blows the smoke from a drug into the mouth of someone else). I requested she submit to a blood test and she refused. I read her the implied consent and she again refused. Once she was medically cleared, I transported her the the main jail for booking.</b></p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		Inv. A. Soloway #8586						
(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>9</u> day of <u>September</u> 20 <u>19</u> by <u>Inv. A. Soloway #8586</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u>								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		 JOSHUA BELL MY COMMISSION #GG348008 EXPIRES: JUN 18, 2023 Bonded through Let State Insurance					PAGE OF <u>1</u>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9 DAY OF September 20 19, AT 0207 AM PM

SUBJECT: Matrafajlo, Tina, Zetehane CASE NUMBER: 19-112961

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. A. Soloway #8586

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

See attached Probable Cause Affidavit

## OBSERVATION OF DRIVER:

See attached Probable Cause Affidavit

## DRIVER'S STATEMENTS:

See attached Probable Cause Affidavit

## ODORS:

See attached Probable Cause Affidavit

## GENERAL OBSERVATIONS

SPEECH: slow, slurred, mush mouth

ATTITUDE: combative, mood swings

CLOTHING: dress, socks

MEDICAL/OTHER: stated none

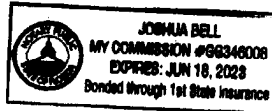
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. A. Soloway #8586  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of September 20 19 by Inv. A. Soloway #8586

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

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



**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:**

**Refused**

**WALK & TURN:**

**Refused**

**ONE LEG STAND:**

**Refused**

**FINGER TO NOSE:**

**Refused**

**ROMBERG ALPHABET:**

**Refused**

**BREATH TEST RESULTS:**

**Refused-Blood**

**Refused- Blood**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

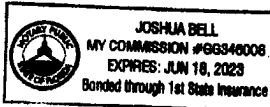
Inv. A. Soloway #8586

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of September 2019 by Inv. A. Soloway #8586

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

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



CERTIFIED COPY



FLORIDA DUI UNIFORM TRAFFIC CITATION **A2G4EGP**

COUNTY OF Palm Beach  (1) F.P.A.  (2) P.A.  (3) S.G.  (4) OTHER

CITY OF APPLICABLE AGENCY NAME FD-80 AGENCY # 00

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFY THAT HE/SHE HAS BEEN AND REMAINS UNABLE TO BELIEVE AND DOES BELIEVE THAT ON 10/27/19 CHARGE DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (RETAIRED BY COURT) 0207

NAME (PRINT) Mauro 2 Stefano Matrosajlo

STREET 647 31 st CITY w Palm Beach STATE FL ZIP CODE 33407

TELEPHONE NUMBER 407 742 1700 DATE OF BIRTH 11/2/74 SEX M HEIGHT 5'8"

DRIVER LICENSE NUMBER M361819745820 TYPE OF LICENSE FC CLASS E COLOR white PLACARDED HAZARDOUS MATERIAL  YES  NO

VEHICLE LICENSE NO. 2VM853 MAKE Chry MODEL 40 YEAR 20 PASSENGERS  YES  NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, HABITUALLY OR OTHERWISE TO OPERATE (City and other name) Australian Ael Botulocac Pet

DO NOT UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLING SUBSTANCES, OR DRUGS, OR USE IN RETARD PERSONS, CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLING SUBSTANCES TO THE EXTENT/DEGREE FACULTY WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF Refused

ADVERSE DRIVER  YES  NO SEARCH RECORDS SECTION 316, 193(1) SECTION 10/27/19

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

COURT DATE 10/27/19 8:30 3328 Gwa 0/46 R1 **A2G4EGP**  
w Palm Beach COURT AND LOCATION

SIGNATURE OF VIOLATOR [Signature]

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'S 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 382.26, F. & 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'S 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 Refused

ELIGIBLE FOR PERMIT?  YES  NO REASON Refused

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 15TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE Conte BUREAU OF ADMINISTRATIVE REVISIONS 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 OR RELATED OFFENSE. SEE PROVIDED.

FILE 8556 VLD

DATE: 10/27/19 TIME: 8:30

NOT A CERTIFIED COPY



# FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **AC07HVE**

County: **PALM BEACH** County Code: **06-SB**  
City: City Code: **00**  
Date/Time: **Mon 09/09/2019 05:03 AM** Agency Type: **SO**

### VIOLATOR

First Name: **TINA** Middle: **ZETEHANE**  
Last: **MATRAFAJLO** DOB: **03/02/1974**  
Address: **643 33RD STREET**  
City: **WEST PALM BEACH** State: **FL** Zip: **33407**  
Telephone: Race: **W** Sex: **F** Hgt: **506**  
DL #: **M361819745820** DL State: **FL** Lic. Expires: **2027**  
CDL: **N** Ethnicity: Class: **E** Diff. Addr. on DL: **N**

### REGISTRATION

Yr. Veh: **2012** Veh. Tag: **INMB53**  
Color: **WHI** Trailer Tag:  
Make: **CHRY** Yr. Tag Expires: **20** State: **FL**  
Style: **4D**  
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**  
>= 16 Passengers: **N** Motorcycle: **N**

### LOCATION

Upon a Public Street or Highway or Other Location Namely:  
**AUSTRALIAN AVE/BELVEDERE RD**

Located Ft. Miles Of Node

### VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,  
**RED LIGHT - RUNNING A RED LIGHT 316.075(1)(C)(1)**

Speed - Enhanced Penalty Zone: **N**  
Unlawful Speed: Posted Speed:  
Crash: **N** Prop. Dam.: **N** Prop. Dam. Amt.: Aggressive Driv: **N**  
Injury: **N** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign: **N**  
Companion Citation Number(s):  
Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled  
Substances, Driving/Actual Physical Control While Impaired, or  
Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.:

### COURT INFORMATION

Criminal Violation, Court Required  
**PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX**  
**3228 GUN CLUB ROAD** Court Date: **10/03/2019**  
**WEST PALM BEACH, FL 33406** Court Time: **8:30 AM**  
Civil Penalty: **264.00**

Arrest Delivered To:  
On:

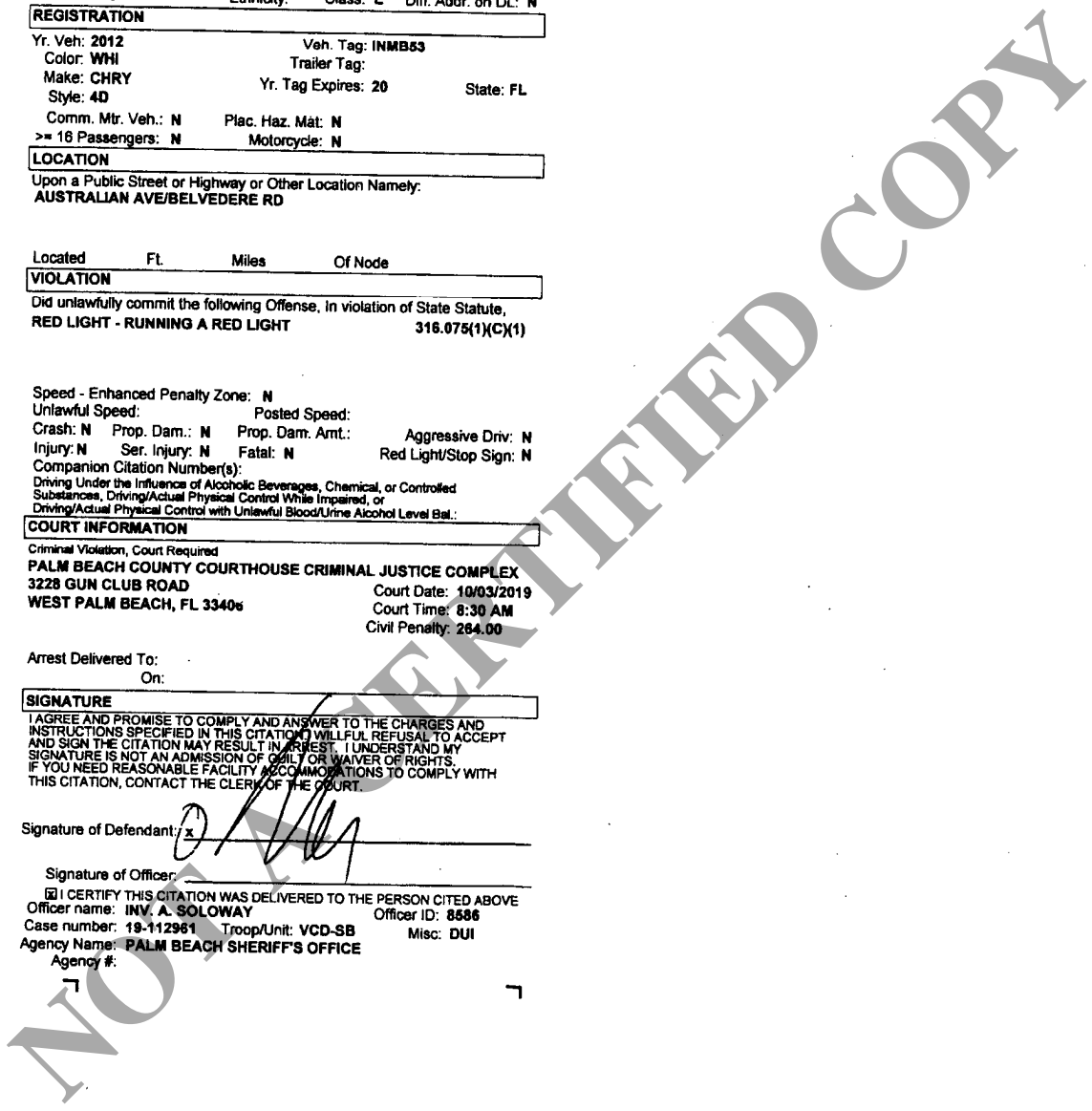
### SIGNATURE

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. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: 

Signature of Officer: \_\_\_\_\_

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE  
Officer name: **INV. A. SOLOWAY** Officer ID: **8586**  
Case number: **19-112961** Troop/Unit: **VCD-SB** Misc: **DUI**  
Agency Name: **PALM BEACH SHERIFF'S OFFICE**  
Agency #:



# WITNESS LIST

CASE NUMBER: 19-112961

ARRESTING OFFICER: Inv. A. Soloway #8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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: \_\_\_\_\_

PHOTOCERTIFIED COPY

**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 Inv. A. Soloway #8586 of the Palm Beach County Sheriff's Office

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: *D. Refused 9/19 @ 0370* ,,

**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 @ 0325 5/19* ,,

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

I, Inv. A. Soloway #8586, 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)

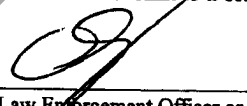
or affirm that on or about the 9 day of September, 20 19, at 0219  P.M.  A.M.

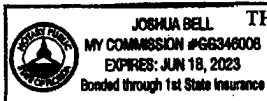
DRIVER Tina Zetehane Matrafajlo  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M361819745820, state of Florida, appeared for treatment at a hospital,  
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 9 day of September, 20 19, at 0330  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 (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 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.

  
Signature of Law Enforcement Officer or  
Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 9 day of September, 20 19,

by Inv. A. Soloway #8586,

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

Notary Public J Bell

HSMV-BAR1002 (REV. 10/16)

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.



**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)
I/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: 2019029309	Date: 9/9/2019
	Specialist Name/ID: Gammage/5660