

# FLORIDA HIGHWAY PATROL

COCOA DISTRICT – 3775 KING STREET – 690-3900/690-6410

## INVESTIGATIVE REPORT



☐ Felony Case / ☒ Misdemeanor Case / ☐ DUI Case

DATE/TIME:	04-11-19	CASE NBR:	FHPD19OFF032773
ARRESTING TROOPER:	Lt. Channing L. Taylor #1561		
DEFENDANT: (LAST NAME, 1 <sup>ST</sup> NAME, INITIAL)	[REDACTED]	DOB:	[REDACTED]
INCIDENT CHARGES:	DUI, Refusal to Submit to Breath Test, VOP		
REVIEWING SUPERVISOR:			

Test: ☐ Blood ☐ Breath ☐ Urine ☒ Refusal  
Video: ☒ Yes ☐ No  
D.R.E.: ☐ Yes ☒ No

I SWEAR/AFFIRM THE ABOVE, REVERSE SIDE and ATTACHED STATEMENTS ARE TRUE AND CORRECT:

\_\_\_\_\_  
LAW ENFORCEMENT OFFICER/COMPLAINANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE, THE UNDERSIGNED AUTHORITY THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NAME/TITLE OF PERSON AUTHORIZED TO ADMINISTER OATH:

\_\_\_\_\_  
(LAW ENFORCEMENT OFFICER'S SIGNATURE – Section 117.10 Florida Statutes)

☐ State Attorney Copy ☐ B.A.R. Copy ☐ E/P Copy ☐ Station Copy ☐ Other (\_\_\_\_\_)

**FLORIDA HIGHWAY PATROL**

Defendant Name: [REDACTED]

**DUI CASE REPORT CHECKLIST  
TPR. REFERENCE GUIDE ONLY  
(DO NOT INCLUDE W/ PACKET)**FHP Case#: FHPD19OFF032773Offense/Arrest Date: 04-11-19**YES    N/A**

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cover Sheet - Adult (HSMV 61295) or Juvenile (HSMV 61294)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Copy of DUI Citation (Hard Copy - Specific DUI UTC for DL Packet)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | BAR Waiver Review Notice – Copy Issued with DUI UTC for 1 <sup>st</sup> Time DUI Offenders (Handwritten UTC Only) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Copy of All Other Traffic Citations Related to the Traffic Stop (PC)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Original DL, If Surrendered (Submit with DL Packet); Copy for Others  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Copy of Identification Card, If No DL   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Arrest Report   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Alcohol and Drug Influence Report (HSMV 61160)  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Breath Alcohol Test Affidavit (FDLE / ATP Form 38)  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Consent to Voluntary Blood Withdrawal (HSMV 61296)  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Search Warrant for Blood Withdrawal (SBI cases)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Blood Withdrawal in Traffic Crash/Fatality Checklist (HSMV 61308)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Certification of Blood Withdrawal (FDLE / ATP Form 11) <b>(Do NOT use one in Blood Kit)</b>                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Toxicology Services - DUI Lab Work Request (FDLE / T Form 01) or Other Lab's Request Form                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | FDLE or Other Toxicology Results  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Refusal to Submit Affidavit (BAR1001 or BAR1002) (Submit Original with DL Packet)                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Evidence/Property Receipt (HSMV 61802 / IEvidence)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Florida Traffic Crash Report (HSMV 90003/4/5)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Witness List (HSMV 62704)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Witness Interview / Statement (HSMV 62705)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Notification of DL Hearing (HSMV 61170)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Affidavit of Investigative Costs (HSMV 61303)   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Audio/Video Recording On File <b>(Attach to packet as requested by SAO or BAR)</b>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Photographs On File <b>(Attach to packet as requested by SAO or BAR)</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Other (specify):  |

FLORIDA DUI UNIFORM TRAFFIC CITATION **6246-XBP**

COUNTY OF <b>BREVARD</b>	<input checked="" type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER		
CITY (IF APPLICABLE)	AGENCY NAME <b>FLORIDA HIGHWAY PATROL</b>		
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON		DHSMV RECORD FORWARD TO DESIGNATED DHSMV HEARING OFFICE	
DAY OF WEEK <b>Thu</b>	MONTH <b>04</b>	DAY <b>11</b>	YEAR <b>2019</b>
NAME (PRINT) FIRST <b>[REDACTED]</b>		LAST <b>[REDACTED]</b>	
STREET <b>[REDACTED]</b>			
CITY <b>[REDACTED]</b>			
STATE <b>FL</b>	ZIP CODE <b>32903</b>		
TELEPHONE NUMBER <b>[REDACTED]</b>	DATE OF BIRTH MO <b>[REDACTED]</b> DAY <b>[REDACTED]</b> YR <b>[REDACTED]</b>	RACE <b>W</b>	SEX <b>F</b>
DRIVER LICENSE NUMBER <b>[REDACTED]</b>	STATE <b>FL</b>	CLASS <b>E</b>	CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
YR VEHICLE <b>1997</b>	MAKE <b>PONT</b>	STYLE <b>4D</b>	YR LICENSE EXP. <b>2027</b>
VEHICLE LICENSE NO. <b>1YJM80</b>	TRAILER TAG NO. <b>[REDACTED]</b>	STATE <b>FL</b>	COLOR <b>WHI</b>
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>SB RIVERSIDE DR AT CORAL WAY</b>		COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FT _____ MILES _____ <input type="checkbox"/> IN <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 \_\_\_\_\_

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation)

RE-EXAM  
☐ YES ☒ NO

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER < 18 YEARS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STATE STATUTE	SECTION SUB-SECTION <b>316.193(2)(b)1</b>
CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input checked="" type="checkbox"/> YES \$ 7500 <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

05/10/2019 9:00 AM **6246-XBP**BREVARD COUNTY COURT (VIERA)  
2825 JUDGE FRAN JAMIESON WAY  
VIERA, FLORIDA 32940ARREST DELIVERED TO **BREVARD COUNTY JAIL** DATE **04/11/2019**

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.

X 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 Orlando 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 RIGHT SIDE.

LIEUTENANT **C.L. TAYLOR**

1561

D

RANK: SIGNATURE OF OFFICER

BADGE NO.

ID. NO.

TROOP UNIT

HSMV 75904 (Rev. 10/14)

## Information Regarding Review Hearing

## FINAL ORDER

This will serve as notice of final order of license suspension/disqualification effective on the date it was issued to you. You may, request a formal or informal review of the suspension/disqualification, or if this is your first DUI related offense, you may waive the review and request a review to determine eligibility for a restricted license. If you want the department to conduct a review of your suspension/disqualification you must request such review at the location indicated on the left side. Your request must be submitted in writing within ten calendar days after the date of suspension/disqualification and include a copy of this notice. When requesting a review, or if this is your first DUI related offense and you wish to waive the review and request an eligibility review for a restricted license, you must include a non-refundable filing fee of \$25 made payable to DHSMV.

## REVIEW PROCESSES

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer. The formal review allows you to be heard and present witnesses in regard to this suspension/disqualification.

## WAIVER OF FORMAL/INFORMAL REVIEW

If this is your first DUI related offense and you otherwise qualify, you may waive your right to a review of the suspension and receive a business purpose only license for use during the period your driver license is suspended. A non-refundable filing fee of \$25 made payable to DHSMV is required for determination of your eligibility for a restricted license.

## DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

- Whether the law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a motor vehicle in this state while under the influence of alcoholic beverages or controlled substances (DUI).
- Whether the person had an unlawful blood or breath alcohol level (.08 or above).

## REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST

- Same as number one above.
- Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer.
- Whether the person whose license was suspended was told that if he or she refused to submit to such test his or her privilege to operate a motor vehicle would be suspended.

## IN CASE OF A DISQUALIFICATION THE FOLLOWING ISSUES WILL BE CONSIDERED: DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

- Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle, or any motor vehicle if the driver holds a commercial driver's license, in this state while he or she had any alcohol, chemical substances, or controlled substances in his or her body.
- Whether the person had an unlawful blood-alcohol level of 0.08 or higher.

## REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST

- Same as number one above.
- Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer.
- Whether the person was told that if he or she refused to submit to such test his or her driving privilege to operate a commercial motor vehicle would be disqualified.

FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE WAIVER OF YOUR RIGHT TO A REVIEW OF THE SUSPENSION / DISQUALIFICATION AND A REVIEW OF YOUR ELIGIBILITY FOR A RESTRICTED LICENSE.

## Location of Administrative Reviews Hearing Offices

- |   |  |  |
|---|--|--|
| 1. Clearwater 33762<br>4585 140th Avenue North,<br>Suite 1002       | 6. Jacksonville 32210-3522<br>7439 Wilson Blvd.          | 11. Panama City 32401-2230<br>237 West 15th Street<br>(Lincoln Center)   |
| 2. Daytona Beach 32114-4663<br>995 Orange Avenue                    | 7. Lantana 33462<br>1299 West Lantana Road               | 12. Pensacola 32503-7450<br>100 Stumpfield Road                          |
| 3. Fort Myers 33901<br>4048 Evans Avenue<br>Suite 305               | 8. Lauderdale Lakes 33314<br>3718-3 W. Oakland Park Blvd | 13. Tallahassee, FL 32399-0500<br>2900 Apalachee Pkwy.<br>Rm B141, MS 65 |
| 4. Fort Pierce 34982-8105<br>3220 South Federal Highway,<br>Suite 8 | 9. Miami 33144<br>7795 West Flagler Street<br>Suite 82C  | 14. Tampa 33610-4479<br>2814 East Hillsborough Ave.                      |
| 5. Gainesville 32609-2861<br>2815 N.W. 13th St., Suite 302          | 10. Melbourne 32901-7121<br>2325 S. Babcock Street       | 15. Orlando 32810-4221<br>4101 Clarcona-Ocoee Road,<br>Ste. 152          |
|   |  | 16. Winter Springs 32708<br>154 Tuscowilla Road, Suite 1368              |

FLORIDA DUI UNIFORM TRAFFIC CITATION **6246-XBP**

COUNTY OF <b>BREVARD</b>	<input checked="" type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER		
CITY (IF APPLICABLE)	AGENCY NAME <b>FLORIDA HIGHWAY PATROL</b>		
AGENCY #			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
<b>COMPLAINT</b> (RETAINED BY COURT)			
DAY OF WEEK <b>Thu</b>	MONTH <b>04</b>	DAY <b>11</b>	YEAR <b>2019</b> <span style="float: right;"><input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</span>
NAME (PRINT) FIRST <b>[REDACTED]</b> MIDDLE <b>[REDACTED]</b> LAST <b>[REDACTED]</b>			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY <b>[REDACTED]</b>	STATE <b>FL</b>	ZIP CODE <b>32903</b>	
TELEPHONE NUMBER <b>[REDACTED]</b>	DATE OF BIRTH MO <b>[REDACTED]</b> DAY <b>[REDACTED]</b> YR <b>[REDACTED]</b>	RACE <b>W</b>	SEX <b>F</b> HGT <b>501</b>
DRIVER LICENSE NUMBER <b>[REDACTED]</b>	STATE <b>FL</b>	CLASS <b>E</b>	CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
YR. VEHICLE <b>1997</b>	MAKE <b>PONT</b>	STYLE <b>4D</b>	COLOR <b>WHI</b>
VEHICLE LICENSE NO. <b>IYJM80</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2020</b>
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>SB RIVERSIDE DR AT CORAL WAY</b>			
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation)

RE-EXAM  
☐ YES ☒ NO

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CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input checked="" type="checkbox"/> YES \$ 7500 <input type="checkbox"/> NO	INJURY TO AND/OTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

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05/10/2019 9:00 AM **6246-XBP**

BREVARD COUNTY COURT (VIERA)

2825 JUDGE FRAN JAMIESON WAY  
VIERA, FLORIDA 32940ARREST DELIVERED TO **BREVARD COUNTY JAIL** DATE **04/11/2019**

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.

X SIGNATURE OF VIOLATOR

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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.

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LIEUTENANT C.L. TAYLOR

1561

D

RANK - SIGNATURE OF OFFICER

BADGE NO.

ID. NO.

TROOP UNIT

HSMV 75904 (Rev. 10/14)

## COMPLAINT

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____



AAR5LHE

## COMPLAINT

## FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF <b>BREVARD</b>	<input checked="" type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER		
CITY OF (IF APPLICABLE)	FLORIDA HIGHWAY PATROL		
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK <b>THU</b>	MONTH <b>04</b>	DAY <b>11</b>	YEAR <b>2019</b>
NAME (PRINT) FIRST <b>[REDACTED]</b>		MIDDLE <b>[REDACTED]</b>	LAST <b>[REDACTED]</b>
STREET <b>[REDACTED]</b>		IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE	
CITY <b>[REDACTED]</b>	STATE <b>FL</b>	ZIP CODE <b>32903</b>	
TELEPHONE NUMBER <b>[REDACTED]</b>	DATE OF BIRTH <b>[REDACTED]</b>	MO <b>[REDACTED]</b>	DAY <b>[REDACTED]</b>
DRIVER LICENSE NUMBER <b>[REDACTED]</b>	STATE <b>FL</b>	CLASS <b>E</b>	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR. VEHICLE <b>1997</b>	MAKE <b>PONT</b>	STYLE <b>4D</b>	COLOR <b>WHI</b>
VEHICLE LICENSE NO. <b>IYJM80</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2020</b>
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>RIVERSIDE DR / CORAL WAY</b>		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FT. _____ MILES		CHECK ONLY ONE OFFENSE EACH CITATION.	
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE.			

☐ UNLAWFUL SPEED \_\_\_\_\_ MPH SPEED APPLICABLE \_\_\_\_\_ MPH  
(☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT)  
SPEED MEASUREMENT DEVICE:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> CARELESS DRIVING         | <input type="checkbox"/> CHILD RESTRAINT                      | <input type="checkbox"/> EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS   |
| <input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE | <input type="checkbox"/> SAFETY BELT VIOLATION                | <input type="checkbox"/> EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS |
| <input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL | <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT         | <input type="checkbox"/> NO VALID DRIVER LICENSE                         |
| <input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE      | <input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS   | <input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED      |
| <input type="checkbox"/> NO PROOF OF INSURANCE               | <input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS | <input type="checkbox"/> DRIVING UNDER THE INFLUENCE                     |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY           | <input type="checkbox"/> IMPROPER PASSING                     | <input type="checkbox"/> Passenger Under 18 Yrs                          |

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:

CARELESS DRIVING

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF <b>STATE STATUTE</b>	SECTION <b>316.1925</b>	SUB-SECTION
CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE <input checked="" type="checkbox"/> YES \$ <b>7500</b> <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.		FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

☐ CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.☒ INFRACTION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.☐ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.CIVIL PENALTY IS \$ **169.00**COURT INFORMATION **5/10/2019** **9:00 AM**

BREVARD COUNTY COURT (VIERA)

2825 JUDGE FRAN JAMIESON WAY

VIERA, FLORIDA 32940

(321) 637-5413

ARREST DELIVERED TO \_\_\_\_\_ DATE **4/11/2019**

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.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES AN APPEARANCE IN COURT)

LIEUTENANT C.L. TAYLOR

RANK - NAME OF OFFICER

BADGE NO.

1561

ID NO.

D

TROOP / UNIT

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

HSMV 75901 (REV. 07/12)

WHEN PRESENTED TO THE VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.

PAY A CIVIL PENALTY IN THE AMOUNT OF \$ \_\_\_\_\_

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

DATE \_\_\_\_\_ COURT ACTION AND OTHER ORDERS \_\_\_\_\_

BAIL FIXED AT \$ \_\_\_\_\_ OR CASH DEPOSIT OF \$ \_\_\_\_\_

SIGNATURE OF PERSON GIVING BAIL \_\_\_\_\_

SIGNATURE OF PERSON TAKING BAIL \_\_\_\_\_

FINE IN THE AMOUNT OF \$ \_\_\_\_\_ RECEIVED AS  
REQUIRED BY COURT SCHEDULE

SIGNATURE OF CLERK \_\_\_\_\_

CONTINUANCE TO \_\_\_\_\_ REASON \_\_\_\_\_

CONTINUANCE TO \_\_\_\_\_ REASON \_\_\_\_\_

BOND ESTREATED \_\_\_\_\_

WARRANT ISSUED \_\_\_\_\_

VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED

VIOLATOR ARRAIGNED ON \_\_\_\_\_ (DATE)

PLEA: \_\_\_\_\_

FINDING: \_\_\_\_\_

ADJUDICATION: \_\_\_\_\_

SENTENCE: FINE \_\_\_\_\_ COST \_\_\_\_\_

JAILED \_\_\_\_\_ DAYS

DRIVER IMPROVEMENT SCHOOL \_\_\_\_\_

OTHER \_\_\_\_\_

DRIVER LICENSE SUSPENDED OR REVOKED FOR \_\_\_\_\_ DAYS

RECOMMEND DRIVER LICENSE SUSPENSION FOR \_\_\_\_\_ DAYS

RECOMMEND RE-TEST \_\_\_\_\_

SIGNATURE OF JUDGE \_\_\_\_\_

TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS): \_\_\_\_\_

APPEAL BOND OF \$ \_\_\_\_\_

VIOLATOR'S FINGERPRINT  
WHEN APPLICABLE



AAR5LGE

## COMPLAINT

WHEN PRESENTED TO THE VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.

PAY A CIVIL PENALTY IN THE AMOUNT OF \$

CASE NO. DOCKET NO. PAGE NO.

DATE COURT ACTION AND OTHER ORDERS

BAIL FIXED AT \$ OR CASH DEPOSIT OF \$

SIGNATURE OF PERSON GIVING BAIL

SIGNATURE OF PERSON TAKING BAIL

FINE IN THE AMOUNT OF \$ RECEIVED AS REQUIRED BY COURT SCHEDULE

SIGNATURE OF CLERK

CONTINUANCE TO REASON

CONTINUANCE TO REASON

BOND ESTREATED

WARRANT ISSUED

VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED

VIOLATOR ARRAIGNED ON (DATE)

PLEA:

FINDING:

ADJUDICATION:

SENTENCE: FINE COST

JAILED DAYS

DRIVER IMPROVEMENT SCHOOL

OTHER

DRIVER LICENSE SUSPENDED OR REVOKED FOR DAYS

RECOMMEND DRIVER LICENSE SUSPENSION FOR DAYS

RECOMMEND RE-TEST

SIGNATURE OF JUDGE

TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):

APPEAL BOND OF \$

VIOLATOR'S FINGERPRINT  
WHEN APPLICABLE

## FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF <b>BREVARD</b>		<input checked="" type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY OF (IF APPLICABLE)		<b>FLORIDA HIGHWAY PATROL</b>	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK <b>THU</b>	MONTH <b>04</b>	DAY <b>11</b>	YEAR <b>2019</b>
NAME (PRINT) FIRST <b>[REDACTED]</b>		MIDDLE <b>[REDACTED]</b>	LAST <b>[REDACTED]</b>
STREET <b>[REDACTED]</b> IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY <b>[REDACTED]</b>		STATE <b>FL</b>	ZIP CODE <b>32903</b>
TELEPHONE NUMBER	DATE OF BIRTH MO <b>[REDACTED]</b> DAY <b>[REDACTED]</b> YEAR <b>[REDACTED]</b>	RACE <b>W</b>	SEX <b>F</b> HGT <b>501</b>
DRIVER LICENSE NUMBER <b>[REDACTED]</b>	STATE <b>FL</b> CLASS <b>E</b> COL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR LICENSE EXP <b>2027</b>	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR VEHICLE <b>1997</b>	MAKE <b>PONT</b>	STYLE <b>4D</b>	COLOR <b>WHI</b>
VEHICLE LICENSE NO. <b>IYJM80</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2020</b>
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>SB RIVERSIDE DR AT CORAL WAY</b>		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____			
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION			

☐ UNLAWFUL SPEED \_\_\_\_\_ MPH SPEED APPLICABLE \_\_\_\_\_ MPH  
( ☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT )  
SPEED MEASUREMENT DEVICE:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CARELESS DRIVING                    | <input type="checkbox"/> CHILD RESTRAINT                      | <input type="checkbox"/> EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS   |
| <input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE | <input type="checkbox"/> SAFETY BELT VIOLATION                | <input type="checkbox"/> EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS |
| <input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL | <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT         | <input type="checkbox"/> NO VALID DRIVER LICENSE                         |
| <input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE      | <input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS   | <input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED      |
| <input type="checkbox"/> NO PROOF OF INSURANCE               | <input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS | <input type="checkbox"/> DRIVING UNDER THE INFLUENCE                     |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY           | <input type="checkbox"/> IMPROPER PASSING                     | <input type="checkbox"/> Passenger Under 18 Yrs                          |

BAL

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:

REFUSE TO SUBMIT TO BAL TEST

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF <b>STATE STATUTE</b>	SECTION <b>316.1939</b>	SUB-SECTION
CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<input checked="" type="checkbox"/> CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED AS INDICATED BELOW.			
<input type="checkbox"/> INFRACTION. COURT APPEARANCE REQUIRED AS INDICATED BELOW.			
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.			

AAR5LGE

CIVIL PENALTY IS \$

COURT INFORMATION: 5/10/2019 9:00 AM  
DATE TIME

BREVARD COUNTY COURT (VIERA)

2825 JUDGE FRAN JAMIESON WAY COURT

VIERA, FLORIDA 32940 LOCATION

(321) 637-5413

ARREST DELIVERED TO: DATE 4/11/2019

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.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES AN APPEARANCE IN COURT)

LIEUTENANT C.L. TAYLOR

1561

D

RANK - NAME OF OFFICER

BADGE NO

ID NO.

TROOP / UNIT

☒ CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

HSMV 75901 (REV. 07/12)



# Arrest Report

FLORIDA HIGHWAY PATROL  
3775 W. KING ST, COCOA, FL 32926

Report Date / Time 4/11/2019 7:25:36PM	Report Number FHP99ARR758634	Case Number/CAD Number FHPD19OFF032773 / ORCC19CAD042519	Reporting Officer Name C.L. TAYLOR
Originating Agency ORI FL0059000	Occurrence Date Time Range 4/11/2019 12:00:00 AM - 4/11/2019 11:01:00 PM	Jurisdiction	Clearance

## Location of Occurrence

Location Type <b>PUBLIC PLACE</b>	Location Description RIVERSIDE DR AND CORAL WAY		
Street Number N RIVERSIDE DR	Street Apt/Lot/Bldg		
County BREVARD	City INDIALANTIC	State FL	Zip 32903

## Defendant

First Name [REDACTED]	Middle Name [REDACTED]	Last Name [REDACTED]	Suffix	Date Of Birth [REDACTED]	Age 25	Race WHITE	Sex FEMALE
SSN [REDACTED]	MNI # [REDACTED]	Place of Birth MELBOURNE, FL, FL, USA	Height 501	Weight 105	Hair BLO	Eyes	
DL or ID Number [REDACTED]	ID State FL	ID Type E	Address Type RESIDENCE				
Street Number [REDACTED]	Street [REDACTED]	Apt/Lot/Bldg					
County BREVARD	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Phone Number [REDACTED]	Extension		
Location Description							

## Arrest

Arrest Date/Time 4/11/2019 6:25:07PM	Arrest Location Type PUBLIC PLACE	Arrest Location Description
Street Number CORAL WAY	Street Apt/Lot/Bldg	County BREVARD
City MELBOURNE	State FL	Zip 32903

## Charge(s)

Counts 1	Charge 316.193.2b1	General Offense Code	Bond Amount \$ 1,000.00	<input type="checkbox"/> No Bond
Charge Degree T	Charge Level FELONY	Arrest Offense Code Description DUI-UNLAW BLD ALCH		
Charge Description DUI ALCOHOL OR DRUGS 3RD VIOL WI 10 YEARS				
Counts 1	Charge 316.1939	General Offense Code	Bond Amount \$ 500.00	<input type="checkbox"/> No Bond
Charge Degree F	Charge Level MISDEMEANOR	Arrest Offense Code Description DUI-UNLAW BLD ALCH		
Charge Description REFUSE TO SUBMIT DUI TEST AFTER LIC SUSP				

## Probable Cause

The defendant, identified by her Florida license as [REDACTED] was involved in a single vehicle crash with damage to her vehicle that deployed her airbags. She was still behind the wheel upon my arrival and identified as the driver by an independent witness. She was placed under lawful arrest for DUI and refused the breath test after being read the penalties for doing so. She has a prior refusal to submit in November of 2017 and this is her 3rd DUI arrest.

Report Date / Time 4/11/2019 7:25:36PM	Report Number FHP99ARR758634	Case Number/CAD Number FHPD19OFF032773 / ORCC19CAD042519	Reporting Officer Name C.L. TAYLOR
Originating Agency ORI FL0059000	Occurrence Date Time Range 4/11/2019 12:00:00 AM - 4/11/2019 11:01:00 PM	Jurisdiction	Clearance

I responded to a single vehicle crash and upon arrival, I made contact with Deputy [REDACTED] of BCSO. The defendant was still behind the wheel of her vehicle and taking on her cell phone. The deputy believed she was impaired due to her behavior, as well as the odor of an alcoholic beverage on her breath. I made contact with her and could also smell the same odor. She leaned on the car to exit and had difficulty standing. Her face was flushed from crying. I asked for her license, registration, and insurance card. She handed me a stack of papers. She stated to me she was driving and almost missed her turn. Her vehicle drove off of the roadway and onto the southeast corner of the intersection, striking an ATT relay box and its concrete support. The support deployed her airbags. I explained to her I could smell the odor of an alcoholic beverage and asked for her to perform some sobriety exercises, which she agreed to. (1) Horizontal Gaze Nystagmus: She moved her head 4 times after being reminded not to. I observed lack of smooth pursuit in both eyes, jerkiness at maximum deviation, and nystagmus at 40 degrees in her left eye. She refused to keep her head still, therefore I could not observe nystagmus in her right eye. (2) Walk and Turn: The defendant couldn't stand as instructed. She failed to count aloud and raised her left arm for balance. She took 21 steps without counting aloud and I stopped her at that point. (3) One Leg Stand: The defendant had a left to right sway during the instructions and kept interrupting me. She raised her left foot and failed to count aloud. After 4 sec, she put it down, then picked it up and held it up for 2 sec. She then put it down and raised her right foot. She put it down after 3 seconds and said she couldn't do it. During the exercise, she raised her arms for balance. She then became verbally abusive, therefore no additional exercises were attempted. She was placed under arrest for DUI at 18:25. Her boyfriend arrived at scene at 18:25. At 18:30, I read her Implied Consent and she refused a breath test. Her boyfriend encouraged her to take the test, however she said she "didn't want this on her record". Her boyfriend told me she was just in court earlier today in front of Judge Ingram for her last DUI. A check of her criminal history revealed a DUI arrest in Leon County on 7/24/17 and another in Brevard County on 11/08/17. During the Brevard arrest, she refused the lawful breath test. The defendant was verbally abusive to her mother when she arrived at the scene, and exhibited mood swings while with me. The defendant was transported to Holmes for medical clearance, per BCSO policy, then transported to the BCSO jail by Trooper [REDACTED].

#### Jail Booking Facility

Booking Date/Time 4/11/2019 11:01:31PM	Booking County BREVARD	Booking Facility BREVARD COUNTY JAIL	Booking Facility Phone Number (321) 690-1500
Booking Facility Location 860 CAMP ROAD COCOA, FLORIDA 32927			Booking Number 2019-00005374
Booking Comments SUBJECT WAS IN VIOLATION OF PROBATION- ADDITIONAL CHARGES TO FOLLOW			

#### Court



Court County BREVARD	Court Location 2825 JUDGE FRAN JAMIESON WAY VIERA, FLORIDA 32940		
Court BREVARD COUNTY COURT (VIERA)	Court Phone (321) 637-5413	Court Appearance Date / Time	Court Fine
Comments			



Report Date / Time 4/11/2019 7:25:36PM	Report Number FHP99ARR758634	Case Number/CAD Number FHPD19OFF032773 / ORCC19CAD042519	Reporting Officer Name C.L. TAYLOR
Originating Agency ORI FL0059000	Occurrence Date Time Range 4/11/2019 12:00:00 AM - 4/11/2019 11:01:00 PM	Jurisdiction	Clearance



The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

#### Reporting Officer

Officer Name C.L. TAYLOR Officer Agency FLORIDA HIGHWAY PATROL  Officer Signature 	Officer Rank LIEUTENANT Officer ID No 1561  Sworn and subscribed before me, the undersigned authority This the <u>16</u> day of <u>April</u> <u>2019</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER  
--	---

#### Approving Supervisor

Officer Name	Officer Rank	Officer ID No	Officer Agency
Officer Signature			

Officer Name	Officer Rank	Involvement On Report	ID #	Org/Unit	Officer Agency
	TROOPER	ASSISTING		FHPD\ORCC\BRE VARD\PATROL 1	FLORIDA HIGHWAY PATROL



# Arrest Report

FLORIDA HIGHWAY PATROL  
3775 W. KING ST, COCOA, FL 32926

Report Date / Time 4/11/2019 9:30:36PM	Report Number FHP99ARR796098	Case Number/CAD Number FHPD19OFF032773 / ORCC19CAD042519	Reporting Officer Name LUSSIER, BRENDAN
Originating Agency ORI FL0059000	Occurrence Date Time Range 4/11/2019 5:27:07 PM - 4/11/2019 11:01:00 PM	Jurisdiction	Clearance

## Location of Occurrence

Location Type <b>PUBLIC PLACE</b>	Location Description
Street Number <b>N RIVERSIDE DR</b>	Apt/Lot/Bldg
County <b>BREVARD</b>	City <b>INDIALANTIC</b>
State <b>FL</b>	Zip <b>32903</b>

## Defendant

First Name [REDACTED]	Middle Name [REDACTED]	Last Name [REDACTED]	Suffix	Date Of Birth [REDACTED]	Age <b>25</b>	Race <b>WHITE</b>	Sex <b>FEMALE</b>
SSN [REDACTED]	MNI # [REDACTED]	Place of Birth <b>MELBOURNE, FL, USA</b>	Height <b>501</b>	Weight <b>105</b>	Hair <b>BLO</b>	Eyes <b>BLU</b>	
DL or ID Number [REDACTED]	ID State <b>FL</b>	ID Type <b>E</b>	Address Type <b>RESIDENCE</b>				
Street Number [REDACTED]	Street [REDACTED]	Apt/Lot/Bldg					
County <b>BREVARD</b>	City [REDACTED]	State <b>FL</b>	Zip <b>32903</b>	Phone Number	Extension		
Location Description							

## Arrest

Arrest Date/Time 4/11/2019 9:45:57PM	Arrest Location Type <b>JAIL FACILITY</b>	Arrest Location Description <b>BREVARD COUNTY JAIL</b>
Street Number <b>860</b>	Street <b>CAMP ROAD</b>	Apt/Lot/Bldg
City <b>COCOA</b>	State <b>FL</b>	Zip <b>32927</b>
County <b>BREVARD</b>		

## Charge(s)

Counts <b>1</b>	Charge <b>948.06</b>	General Offense Code	Bond Amount <b>\$ 0.00</b>	<input checked="" type="checkbox"/> No Bond
Charge Degree <b>N</b>	Charge Level	Arrest Offense Code Description <b>PROBATION VIOLATION</b>		
Charge Description <b>OR COMMUNITY CONTROL; REVOCATION; MODIFICATION; CONTINUANCE; FAILURE TO PAY RESTITUTION OR COST OF SUPERVISION</b>				

## Probable Cause

The defendant was placed on probation for the charge of DUI "reckless driving involving alcohol". "Case number 05-2017-CT-050507". She was sentenced by Judge Ingram on 04/11/2019 for a period of 12 months" The defendant violated her probation on 05/11/2019 when she was charged with Felony DUI for having a 3rd DUI within 10 years (316.193.2b1) and refusal to submit to DUI test after License suspension (316.1939).

Report Date / Time 4/11/2019 9:30:36PM	Report Number FHP99ARR796098	Case Number/CAD Number FHPD19OFF032773 / ORCC19CAD042519	Reporting Officer Name LUSSIER, BRENDAN
Originating Agency ORI FL0059000	Occurrence Date Time Range 4/11/2019 5:27:07 PM - 4/11/2019 11:01:00 PM	Jurisdiction	Clearance

### Jail Booking Facility

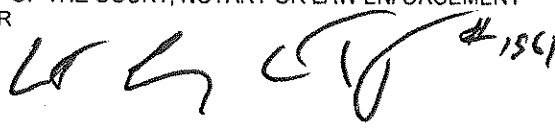
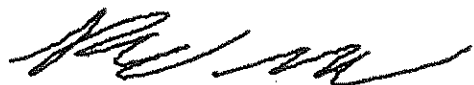
Booking Date/Time 4/11/2019 9:37:55PM	Booking County BREVARD	Booking Facility BREVARD COUNTY JAIL	Booking Facility Phone Number (321) 690-1500
Booking Facility Location 860 CAMP ROAD COCOA, FLORIDA 32927			Booking Number
Booking Comments			

### Court

Court County BREVARD	Court Location 2825 JUDGE FRAN JAMIESON WAY VIERA, FLORIDA 32940		
Court BREVARD COUNTY COURT (VIERA)	Court Phone (321) 637-5413	Court Appearance Date / Time 5/10/2019 9:00 AM	Court Fine
Comments			

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

### Reporting Officer

Officer Name [REDACTED]	Officer Rank TROOPER	Officer ID No [REDACTED]	Sworn and subscribed before me, the undersigned authority This the <u>12</u> day of <u>April</u> , <u>2019</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER   #1561
Officer Agency FLORIDA HIGHWAY PATROL	Officer Signature 		

### Approving Supervisor

Officer Name	Officer Rank	Officer ID No	Officer Agency
Officer Signature			

Officer Name	Officer Rank	Involvement On Report	ID #	Org/Unit	Officer Agency
C.L. TAYLOR	LIEUTENANT	OTHER	1561	FHPD\ORCC\BREVARD\LIEUTENANTS	FLORIDA HIGHWAY PATROL

# Florida Highway Patrol

## ALCOHOL AND DRUG INFLUENCE REPORT

Case Number: FHPD19OFF032773  
 Offense Location: Coral Way W and Riverside Dr.  
 Arresting Trooper / ID#: Lt. Channing L. Taylor #1561  
 Defendant: [REDACTED]  
 (Name / DOB)

Offense Date: 04-11-19 Time: 5:25 ☐ AM ☒ PM  
 Arrest Date: 04-11-19 Time: 6:25 ☐ AM ☒ PM  
 Crash: ☐ Yes ☒ No

### DUI DETECTION PRE-STOP DRIVING CUES

- ☐ Weaving ☐ Weaving Across Lane Lines ☐ Drifting ☐ Straddling a Lane Line ☐ Swerving ☐ Almost Striking Object or Vehicle  
☐ Striking Object or Vehicle ☒ Turning With Wide Radius  
☐ Braking Erratically (too far/short/jerky) ☐ Accelerating/Decelerating Rapidly ☐ Varying Speed  
☐ Driving 10mph or More Below Speed Limit  
☐ Driving Without Headlights ☐ Failure to Signal/Signal Inconsistent With Actions ☐ Driving in Opposing Lanes or the Wrong Way on a One-Way  
☐ Slow Response to Traffic Signals ☐ Slow or Failure to Respond to Officer's Signals / Flee ☐ Stopping in Lane for No Apparent Reason  
☐ Failure to Obey Traffic Control Device (sign, signal)  
☐ Following Too Closely (Tailgating) ☐ Improper/Unsafe Lane Change ☐ Turning Abruptly or Illegally  
☐ Driving on Other Than Designated Roadway ☐ Stopping Inappropriately in Response to Officer ☐ Inappropriate/Unusual Behavior  
☒ Appearing to be Impaired

### POST-STOP CUES

- ☐ Difficulty With Motor Vehicle Controls ☒ Fumbling With DL/Registration ☒ Difficulty Exiting the Vehicle  
☒ Repeating Questions/Comments ☒ Swaying, Unsteady, or Balance Problems ☒ Leaning on the Vehicle or Other Object  
☒ Thick Tongued/Mumbled/Slurred Speech ☐ Slow to Respond to Officer/Officer Must Repeat ☐ Provides Incorrect Information or Changes Answers  
☒ Odor of Alcoholic Beverage/Other Odors From the Driver ☐ Open/Unopened Alcoholic Containers ☐ Drugs/Drug Paraphernalia

### OBSERVATIONS

<b>CLOTHING &amp; FOOTWEAR DESCRIPTION</b>	Def was wearing Black button-up shirt and black slacks with work shoes (Food Service Uniform)
<b>CLOTHING CONDITION</b>	<input type="checkbox"/> Orderly <input type="checkbox"/> Disorderly <input type="checkbox"/> Unzipped Pants <input type="checkbox"/> Inside Out <input type="checkbox"/> Torn <input type="checkbox"/> Naked <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Vomit <input type="checkbox"/> Blood <input type="checkbox"/> Other: _____
<b>BREATH</b>	Odor of Alcoholic Beverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Odors: _____
<b>ATTITUDE</b>	<input type="checkbox"/> Excited <input type="checkbox"/> Polite <input type="checkbox"/> Cooperative <input type="checkbox"/> Silent <input type="checkbox"/> Sleepy <input checked="" type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input type="checkbox"/> Profanity <input checked="" type="checkbox"/> Mood Swings <input type="checkbox"/> Arrogant <input checked="" type="checkbox"/> Insulting <input type="checkbox"/> Remorseful <input type="checkbox"/> Combative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Angry <input type="checkbox"/> Argumentative <input type="checkbox"/> Threatening <input type="checkbox"/> Depressed <input type="checkbox"/> Other: _____
<b>COLOR OF FACE</b>	<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____
<b>EYES</b>	<input checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input type="checkbox"/> Glassy <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Reddening Around the Rim of the Eyes
<b>UNUSUAL ACTIONS</b>	<input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Sleeping <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other: _____
<b>SPEECH</b>	<input type="checkbox"/> Incoherent <input type="checkbox"/> Mumbling <input checked="" type="checkbox"/> Slurred <input checked="" type="checkbox"/> Thick Tongued <input type="checkbox"/> Stuttering <input type="checkbox"/> Accent <input type="checkbox"/> Apparently Normal

### MEDICAL QUESTIONS

Do you have any physical defects? ☐ Yes ☒ No If yes, please explain. \_\_\_\_\_  
 Are you sick or injured? ☐ Yes ☒ No If yes, please explain. \_\_\_\_\_  
 When did you last sleep? \_\_\_\_\_ How much sleep did you have? \_\_\_\_\_  
 Have you ever had a head injury? ☐ Yes ☐ No When? \_\_\_\_\_  
 Are you under the care of a Doctor or Dentist? ☐ Yes ☐ No What for? \_\_\_\_\_  
 Are you taking any medications? ☐ Yes ☒ No If yes, what kind? \_\_\_\_\_  
 Last dose? N/A Do you have epilepsy? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No Do you take insulin? ☐ Yes ☐ No  
 Are you wearing an artificial limb? \_\_\_\_\_ Do you have any medical alert ID? \_\_\_\_\_

## STANDARDIZED FIELD SOBRIETY EXERCISES (SFSEs)

Performed: ☒ Yes ☐ No - Why: ☐ Unable ☐ Too Impaired ☐ Refused

If refused, was subject advised of adverse consequences? ☐ Yes ☐ No Did subject still refuse after being advised? ☐ Yes ☐ No

Location: ☒ Roadside/On-Scene ☐ Parking Lot ☐ Sidewalk/Driveway ☐ BAT/Testing Facility ☐ Medical Facility ☐ Jail ☐ Other: \_\_\_\_\_

Lighting: ☒ Day ☐ Night ☐ Dusk ☐ Dawn ☐ Street Light ☐ Vehicle Lights ☐ Other: \_\_\_\_\_

Surface: ☒ Dry ☐ Wet ☒ Asphalt ☐ Concrete ☐ Dirt ☒ Hard ☐ Flat ☐ Upgrade/Downgrade ☐ Marked Line ☐ Other: \_\_\_\_\_

Weather Conditions: ☒ Clear ☐ Rain ☐ Fog ☐ Smoke ☐ Wind ☐ Ice ☐ Other: \_\_\_\_\_

Video: ☒ Yes ☐ No Intoxilyzer Room ☐ BAT ☐ In Car ☒ Other: Only in Trooper Lussier's Vehicle

☐ No Why? \_\_\_\_\_

If refused, was refusal captured on video? ☐ Yes ☐ No

Wearing Glasses ☐ Yes ☒ No Wearing Contacts ☐ Yes ☒ No ☐ Clear ☐ Tinted Eye Problems ☐ Yes ☒ No Artificial Eye ☐ Yes ☒ No

Equal Pupil Size ☒ Yes ☐ No Pupils: ☐ Constricted ☐ Dilated ☒ Normal Resting Nystagmus ☐ Yes ☒ No Equal Tracking ☒ Yes ☐ No

### HORIZONTAL GAZE NYSTAGMUS

Yes Lack Smooth pursuit: Left eye

Yes Lack Smooth pursuit: Right eye

Yes Distinct & Sustained Nystagmus at Max deviation: Left Eye

Yes Distinct & Sustained Nystagmus at Max deviation: Right Eye

40 Onset of Nystagmus prior to 45 degrees: Left Eye

Refuse Onset of Nystagmus prior to 45 degrees: Right Eye

Exercise Performed ☒ Yes ☐ No, \_\_\_\_\_

### VERTICAL GAZE NYSTAGMUS

☐ Present ☐ Not Present

Exercise Performed ☐ Yes ☒ No, \_\_\_\_\_

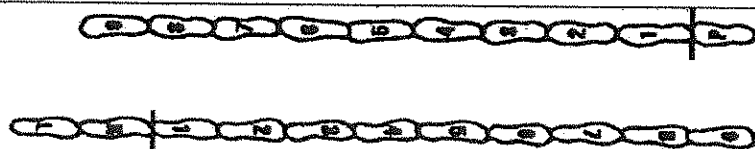
### LACK OF CONVERGENCE



Draw arrows in the direction that eyes move.

☐ Present ☐ Not Present

Exercise Performed ☐ Yes ☒ No, \_\_\_\_\_



Wearing Footwear During WAT

☒ Yes ☐ No

Wearing Footwear During OLS

☒ Yes ☐ No

### WALK AND TURN

No Cannot keep balance while listening to instructions

No Starts before instructions are finished

No Stops walking to steady self

ALL Does not touch heel-to-toe

ALL Loses balance while walking (steps off the line)

ALL Uses arm(s) for balance (raising arm(s) over six inches)

Yes (21+) Incorrect number of steps

Incorrect turn or loses balance during turn

Cannot perform, subject is in danger of falling

Exercise Performed ☒ Yes ☐ No, \_\_\_\_\_

### FINGER TO NOSE (ADDITIONAL EXERCISE)

Sways forward-backward / side-to-side

Eyes do not remain closed

Brings head forward to finger

Misses tip of nose with tip of finger

Uses wrong hand

Forgets to remove finger

Cannot perform, subject is in danger of falling

Exercise Performed ☐ Yes ☒ No, \_\_\_\_\_

### MODIFIED ROMBERG BALANCE (ADDITIONAL EXERCISE)

/ 30 seconds

Uses arm(s) for balance (raising arm(s) over six inches)

Sways forward-backward / side-to-side

Eyes do not remain closed

Eye lid tremors

Body tremors

Cannot perform, subject is in danger of falling

Exercise Performed ☐ Yes ☒ No, \_\_\_\_\_

### ONE-LEG STAND 18/ 30 seconds

Yes Sways while balancing

Yes Uses arm(s) to balance (raises arm(s) over six inches)

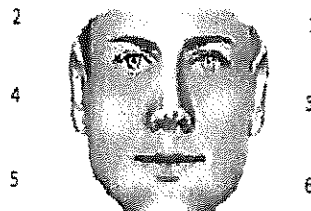
Hops

Yes Puts foot down

Yes Cannot perform, subject is in danger of falling

Exercise Performed ☒ Yes ☐ No, \_\_\_\_\_

Right ← Finger → Left



Draw a line from the number to the area touched

ORDER:

- |          |          |         |
|----------|----------|---------|
| 1. Left  | 2. Right | 3. Left |
| 4. Right | 5. Right | 6. Left |

Additional Comments

# BREATH / URINE / BLOOD TEST DATA

☐ Implied Consent Warning Given: ☒ Yes ☐ No

Date: 04-11-19

Time: 6:30 ☐ AM ☒ PM

Blood Draw: ☐ Voluntary ☐ Warrant ☐ Other:

Checked subject's mouth for any foreign objects or debris. ☒ Yes ☐ No

Did the subject request an independent blood test, as outlined in FSS 316.1932? ☐ Yes ☒ No If yes, what arrangements were made for the subject to obtain the independent test?

Specimen: ☐ Breath ☐ Urine ☐ Blood ☐ None  
☒ Refused ☐ Unable:

If refused, why? "Didn't want it on her record"

Date and Time of refusal: 6:30 ☐ AM ☒ PM

Analysis result: N/A

Breath Test Operator: N/A

If breath, Intoxilyzer 8000 serial #: 80-001361

Department: Florida Highway Patrol

Subject advised of Miranda Rights Date: NA

Time: ☐ AM ☐ PM

Invoked ☐ Yes ☐ No

## INTERVIEW QUESTIONS (Quote Answers)

When did you last eat? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_  
What? \_\_\_\_\_ How much? \_\_\_\_\_ Where? \_\_\_\_\_  
When was your last drink? \_\_\_\_\_ Have you used any type of illegal drugs recently? \_\_\_\_\_  
If so, what kind of drug? \_\_\_\_\_

Were you operating a vehicle at the time of the stop/crash? \_\_\_\_\_ Was anyone in the vehicle with you? \_\_\_\_\_  
Where were you coming from? \_\_\_\_\_ Where were you heading to? \_\_\_\_\_  
Were you involved in a crash today? \_\_\_\_\_ Have you had any alcoholic beverages or drugs since the crash? \_\_\_\_\_  
If so, what? \_\_\_\_\_  
Where? \_\_\_\_\_ How Much? \_\_\_\_\_ When? \_\_\_\_\_

Interviewer's Name: (If different than arresting Trooper) \_\_\_\_\_

## Narrative Continuation (additional comments and observations):

Defendant was not questioned due to her argumentative and belligerent attitude once she was placed under arrest. She argued that nobody can walk a straight line and that we (law enforcement) arrest people for DUI in order to make money. Defendant said she will have these charges dismissed just like the last time she got arrested.

I swear and affirm that the information and / or statements contained in this report are true and accurate to the best of my knowledge.

Trooper's Actual Signature

Lt. Channing L. Taylor #1561

Trooper's Printed Name / PIN

In and for the State of Florida, County of BREVARD, sworn to and subscribed before me this 16 day of April, 2019.

Actual Signature of Person Authorized to Administer Oath

CPA. Richard Sousa 2733  
Printed Name of Authorized Person / PIN

☒ LEO ☐ CO ☐ Notary  
Public

Commission No: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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

I, LT. CHANNING L. TAYLOR, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of FLORIDA HIGHWAY PATROL, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 11TH day of APRIL, 20 19, at 6:25 ☒ P.M. ☐ A.M.

DRIVER [REDACTED]  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# [REDACTED], state of FLORIDA, was placed under lawful arrest for

the offense of DUI by LT. CHANNING L. TAYLOR and  
(Name of Arresting Officer)

issued Citation # 6246-XBP

That on or about the 11TH day of APRIL, 20 19, at 6:30 ☒ P.M. ☐ A.M.

in BREVARD 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]  
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:

Cpl. [Signature]  
Signature of Attesting Officer

**(AFFIX SEAL)**

The foregoing instrument was sworn and subscribed before

me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_,

who is personally known to me or who has produced

\_\_\_\_\_ as identification

Notary Public \_\_\_\_\_

Title STATE TROOPER

Date APRIL 16, 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.

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Crash Date 4/11/2019	Time of Crash 5:25 PM	Date of Report 4/11/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD19OFF032773	HSMV Crash Report Number 88033340-01
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## CRASH IDENTIFIERS

County Code 19	City Code 42	County of Crash BREVARD	Place or City of Crash MELBOURNE	Within City Limits NO	Reported Date/Time 4/11/2019 5:27 PM	Dispatched Date/Time 4/11/2019 5:58 PM
On Scene Date/Time 4/11/2019 6:13 PM	Cleared Scene Date/Time 4/11/2019 6:54 PM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY	

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway RIVERSIDE DR			At Street Address #	At Latitude N 28 7.8261	And Longitude W 80 35.4772
At Feet 15	Or Miles	Direction S	From Intersection With Street, Road, Highway CORAL WAY W	Or From Milepost Number	
Road System Identifier LOCAL			Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION	

## CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE
First Harmful Event Type COLLISION WITH FIXED OBJECT	First Harmful Event Detail OTHER FIXED OBJECT (WALL BUILDING TUNNEL ETC.)	First Harmful Event Location SHOULDER	Within Interchange NO	First Harmful Event's Relation to Junction NON-JUNCTION
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone

## VEHICLE

Vehicle V01		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 1YJM80	State FL	Reg. Expires 3/2/2020	Permanent Reg. NO	VIN 1G2NE52T8VC729126
Year 1997	Make PONT	Model GRAND AM	Style 4D	Color WHI	Extent of Damage DISABLING	Est. Damage 7,500	Towed Due to Damage YES	Vehicle Removed By AUTOW IMAGE TOWING
Insurance Company		Insurance Policy Number		Rotation ROTATION				
Name of Vehicle Owner		Business <input type="checkbox"/>	Current Address		City INDIALANTIC	State FL	Zip Code 32903-0001	Phone Number(s)
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length Axles
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway RIVERSIDE DR				At Est. Speed 25	Posted Speed 35	Total Lanes 2
CMV Configuration		Cargo Body Type		Area of Initial Impact		Most Damaged Area		
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number		Haz. Mat. Class				
Motor Carrier Name		US DOT Number		City		State	Zip Code	Phone Number
Motor Carrier Address		Address Other		City		State	Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE		Vehicle Defects (two)		Emergency Vehicle Use NO		
Special Function of MV NO SPECIAL FUNCTION								
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION WITH FIXED OBJECT		Most Harmful Event Detail OTHER FIXED OBJECT (WALL BUILDING TUNNEL ETC.)		
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION WITH FIXED OBJECT		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
OTHER FIXED OBJECT								

## PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth	Sex F	Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/AL		Address		Phone Number 321-507-9442
Driver License Number	State FL	Expires	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - FRONT		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By UNKNOWN				Driver Vision Obstructions VISION NOT OBSCURED		
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER				Driver Actions at Time of Crash 2 (based on judgement of investigation officer)		
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)				Driver Actions at Time of Crash 4 (based on judgement of investigation officer)		
Suspected Alcohol Use YES	Alcohol Tested TEST REFUSED	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use UNKNOWN	Drug Tested TEST REFUSED
Drug Tested TEST REFUSED	Drug Test Type	Drug Test Result				



Crash Date 4/11/2019	Time of Crash 5:25 PM	Date of Report 4/11/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD19OFF032773	HSMV Crash Report Number 88033340-01
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Source of Transport to Medical Facility LAW ENFORCEMENT	EMS Agency Name or ID N/A	EMS Run Number N/A	Medical Facility Transported To HOLMES REGIONAL MED CENTER
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#### VIOLATION

Person# 1	Violator Name [REDACTED]	FL Statute Number 316.1939	Violation Description REFUSE TO SUBMIT TO BAL TEST	Citation Number AAR5LGE
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#### VIOLATION

Person# 1	Violator Name [REDACTED]	FL Statute Number 316.193(2)(b)1	Violation Description DUI 3RD VIOL W/IN 10 YEARS (FELONY)	Citation Number 6246-XBP
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#### VIOLATION

Person# 1	Violator Name [REDACTED]	FL Statute Number 316.1925	Violation Description CARELESS DRIVING	Citation Number AAR5LHE
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#### WITNESS RECORD

# 2	Name [REDACTED]	Address [REDACTED]	Phone Number [REDACTED]
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#### NON VEHICLE PROPERTY DAMAGE

Property Damage (Other than Vehicle) ATT JUNCTION BOX	Est. Damage 50	Business YES	Person#	Property Owner ATT (712 Florida Ave, Cocoa, FL 32922)
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#### NARRATIVE

ID Number 1561	Rank LIEUTENANT	Name C.L. TAYLOR	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 321-690-3900
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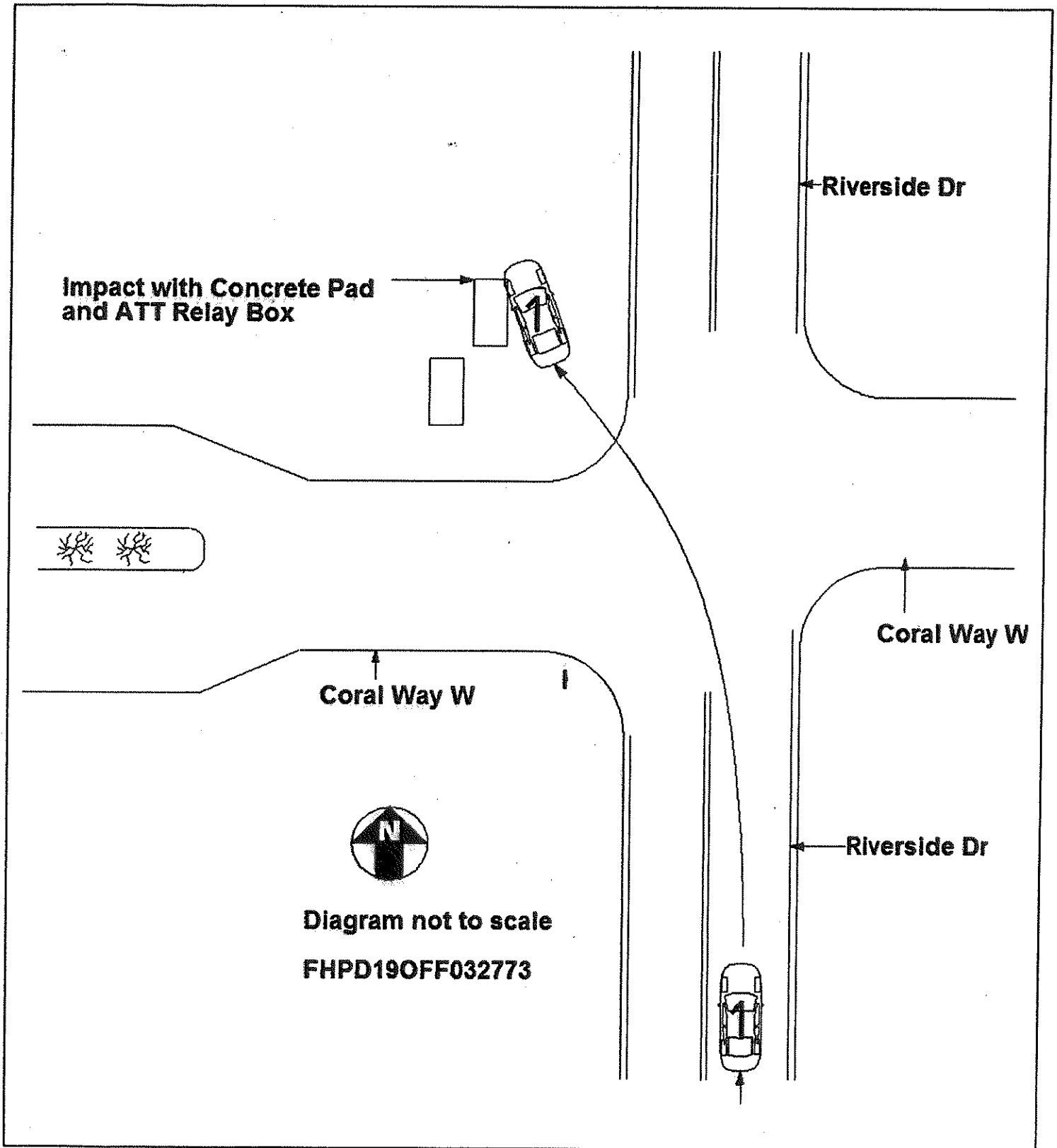
Vehicle-01 was southbound on Riverside Dr. and was approaching Coral Way W. Vehicle-01 was traveling too fast as it made a left turn toward Coral Way W, causing it to travel onto the grass shoulder on the southeast corner. Vehicle-01 traveled onto a shallow swale and then continued south, striking an ATT relay box with its front, and the concrete pad the relay box was resting on. The undercarriage struck the concrete pad, causing Vehicle-01's airbags to deploy.

#### REPORTING OFFICER

ID Number 1561	Rank LIEUTENANT	Name C.L. TAYLOR	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 321-690-3900
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Crash Date 4/11/2019	Time of Crash 5:25 PM	Date of Report 4/11/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD19OFF032773	HSMV Crash Report Number 88033340-01
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# DIAGRAM OF CRASH



## Vehicle Tow

Page 1 of 1

CASE NUMBER  
FHPD19OFF032773

DATE / TIME 4/11/2019 6:40:50 PM	COUNTY BREVARD	CITY INDIALANTIC	OTHER NUMBER	CITATION / REPORT 88033340
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NO HOLD - MAY BE RELEASED

OWNER	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]	SUFFIX NAME	BUSINESS NAME
	ADDRESS [REDACTED]			CITY INDIALANTIC	STATE ZIP CODE FL 32903-0000
	<input checked="" type="checkbox"/> OWNER PRESENT OR <input type="checkbox"/> OWNER NOTIFICATION ATTEMPTED OWNER NOTIFICATION ATTEMPTS: <input type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL			TELEPHONE [REDACTED]	

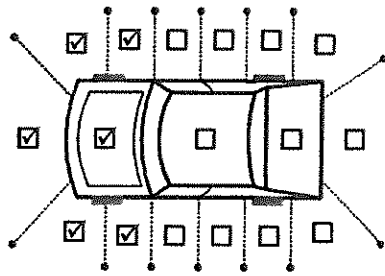
DRIVER	NAME FIRST [REDACTED]	NAME MIDDLE [REDACTED] H	LAST NAME [REDACTED]	SUFFIX NAME
	ADDRESS [REDACTED]			CITY INDIALANTIC
	STATE ZIP CODE FL 32903			TELEPHONE [REDACTED]

CMV	CARRIER NAME
	ADDRESS CITY STATE ZIP CODE TELEPHONE

VEHICLE / TRAILERS	YEAR 1997	MAKE PONT	MODEL GRAND AM	VEHICLE STYLE 4D	VEHICLE COLOR WHI	TAG STATE / NUMBER FL IYJM80	VIN 1G2NE52T8VC729126	ODOMETER
	CIC ENTRY NOT APPLICABLE		RED TAG DATE / TIME		ID NUMBER	NAME		
	REASON VEHICLE TOWED CRASH							
	POWER UNIT	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE
	TRAILER 1	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE
TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE	

TOW	TOW SELECTION TYPE ROTATION WRECKER	LOCATION VEHICLE INVENTORIED / TOWED FROM RIVERSIDE DR AND CORAL WAY
	TOWING SERVICE AUTOW IMAGE	DAY TELEPHONE 321-773-2777
	ADDRESS 133 TOMAHAWK DR INDIAN HARBOR BCH 32937	NIGHT TELEPHONE

STORAGE	VEHICLE STORAGE LOCATION AUTOW IMAGE	DAY TELEPHONE 321-773-2777
	ADDRESS 133 TOMAHAWK DR INDIAN HARBOR BCH 32937	NIGHT TELEPHONE

VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS QTY	INDICATE VEHICLE DAMAGE 	MARK AREA OF DAMAGE <input checked="" type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OVERTURN <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> FIRE <input type="checkbox"/> TRAILER
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	<input type="checkbox"/> CUSTOM RIMS QTY		
	<input type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC.)	NUMBER OF TIRES (INCLUDE SPARE) 5		
	<input type="checkbox"/> CB RADIO / 2 WAY RADIO	<input type="checkbox"/> TRUNK ACCESSIBLE		
	<input type="checkbox"/> TRAILER HITCH	<input type="checkbox"/> REAR SPOILER		
PROPERTY IN VEHICLE AIRBAGS DEPLOYED ITEMS REMOVED BY DRIVER AND GIVEN TO BOYFRIEND REMAINING ITEMS INCLUDED CLOTHING AND TOWELS, LOTIONS				

 OFFICER COMMENTS  
 CRASH REPORT 88033340-01 \*\*DUI ARREST\*\*

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.



 SIGNATURE OF TOW TRUCK DRIVER  
 KEVIN "COWBOY" SMITH  
 PRINTED NAME OF TOW TRUCK DRIVER

DATE

 SIGNATURE OF OFFICER  
 RANK AND NAME OF OFFICER  
 LIEUTENANT C.L. TAYLOR

 ORG / UNIT  
 D

 I.D. NUMBER  
 1561

## WITNESS LIST

Name	<u>Lt. Channing L. Taylor</u>	On Scene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	<u>N/A</u>				
Place of Employment	<u>Florida Highway Patrol</u> <u>State Trooper / Drug Recognition Expert</u>				
Employment Address	<u>3775 West King Street</u> <u>Cocoa, Fl. 32926</u>				
Phone Numbers: Primary	<u>321-690-3900</u>	Work		Secondary	<u>Select One</u>
Can Testify To: Crash Investigation, DUI Investigation, Implied Consent					

Name	<u>Tpr. [REDACTED]</u>	On Scene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Home Address	<u>N/A</u>				
Place of Employment	<u>Florida Highway Patrol</u> <u>State Trooper</u>				
Employment Address	<u>3775 West King Street</u> <u>Cocoa, Fl. 32926</u>				
Phone Numbers: Primary	<u>321-690-3900</u>	Work		Secondary	<u>Select One</u>
Can Testify To: Transported Defendant from Hospital to Jail, Did on-site VOP after it was determined the defendant was on DUI probation. Observed impairment.					

Name		On Scene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Home Address					
Place of Employment					
Employment Address					
Phone Numbers: Primary		Work		Secondary	<u>Select One</u>
Can Testify To: Was traveling southbound and was almost struck by Defendant. Stopped to assist defendant out of her vehicle. NOTE: Witness knows def and would not attest to impairment but said she frequents bars in South Brevard County.					

Name	<u>Deputy [REDACTED]</u>	On Scene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	<u>N/A</u>				
Place of Employment	<u>Brevard County Sheriff's Office</u>				
Employment Address	<u>1515 Sarno Rd. Building B</u> <u>Melbourne, Fl. 32935</u>				
Phone Numbers: Primary	<u>321-253-6658</u>	Work		Secondary	<u>Select One</u>
Can Testify To: Observed impariment, administered breath test, transported to station and to jail.					

Case Number: FHPD19OFF032773THI Case Number: N/APage 1 of 1

# Notification of Driver License Hearing

## Florida Highway Patrol

To whom it may concern:

I, Lt. Channing L Taylor placed [REDACTED]  
under arrest for the charge of D.U.I., on 04-11-19. I am requesting to be notified in the event  
that a Driver License Hearing is scheduled and I am not subpoenaed for this incident. I am also requesting  
to be notified in the event that the Driver License Hearing is rescheduled or cancelled.  
Thank you for your consideration in this matter.

Florida Highway Patrol Case Number: FHPD19OFF032773

Defendant's Driver License Number: [REDACTED]

Signature: [Signature]

**Fax notification to:** Lt. C.L. Taylor **at** 321-690-3920

**\* Hearing Information: (To be filled out if hearing is requested)**

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

**\* Rescheduled Hearing Information: (To be filled out if hearing is rescheduled)**

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

☐ **Hearing Cancelled**

(\* Member is not entitled to Court Overtime Pay, but may offset time with supervisor approval.)



**FLORIDA HIGHWAY PATROL**  
**DUI INVESTIGATION**  
**AFFIDAVIT OF INVESTIGATIVE COSTS**



CASE#: FHPD19OFF032773 ARREST DATE: 04-11-19 DEFENDANT: [REDACTED]

CHARGE(S): DUI 3rd Offense (F3), Refuse to Submit to Breath Test-Prior Refusal (M2), Careless Driving (Infraction)

Excerpts from Section 938.27, Florida Statute read as follows:

938.27(1) – In all criminal cases, convicted persons are liable for payment of the costs of prosecution, including investigative costs incurred by law enforcement agencies, if requested by such agencies. The court shall include these costs in every judgment rendered against the convicted person.

938.27(7) – Investigative costs that are recovered must be returned to the appropriate investigative agency that incurred the expense. Such costs include actual expenses incurred in conducting the investigation and prosecution of the criminal case; however, costs may also include the salaries of permanent employees.

The Florida Highway Patrol of the Department of Highway Safety and Motor Vehicles has incurred the following itemized investigative costs in connection with the above named criminal investigation.

The Florida Highway Patrol respectfully requests that the total cost in the amount of **\$ 345.19** be included and entered in the judgment rendered against the convicted defendant as provided in Section 938.27, Florida Statutes, to be deposited in the Law Enforcement Trust Fund of the Department of Highway Safety and Motor Vehicles.

**DOCUMENTED INVESTIGATIVE COSTS**

Date	Description of Item	Unit Price / Hourly Salary	Hours / Miles	Item Total
<i>(Enter salary for member's time spent on investigation and testimonial procedures, clerical assistance salary, associated mileage at .44.5¢ per mile, and any other miscellaneous expenses except for supplies.)</i>				
04-11-19	Lt. C.L. Taylor	38.11	6	228.66
04-11-19	Tpr. B. Lussier (Transport, assist)	19.57	4	78.28
04-11-19	Clerical- Copies, Video, Filing	20.00	1	20.00
04-11-19	Mileage from Scene, FHP, Jail	0.445	41	18.25
<b>SUBTOTAL:</b>				<b>345.19</b>

Supply Item Description	Unit Price	Quantity	Item Total	Supply Item Description	Unit Price	Quantity	Item Total
Breath Test Mouthpiece	.24			Sheets of Paper	.01		
Blood Kit	4.99			Batteries			
Urine Kit	3.19			File Folders			
Drug Test Kit	1.80			Other:			
Evidence Bag – Large	.25			Other:			
Evidence Bag – Small	.21			Other:			
Flares	1.24			Other:			
DVD	.20			Other:			
CD	.15			Other:			
<b>SUBTOTAL:</b>				<b>SUBTOTAL:</b>			
				.24			

I hereby certify and affirm that the investigative costs documented above were actually incurred by the Florida Highway Patrol as necessary costs in the criminal investigation of the above named person.

Lt. Channing L. Taylor  
 Print Name of Affiant

[Signature]  
 Signature of Affiant

Sworn to me this 16 day of April, 2019.

Cpl. Richardson  
 Print Name of Law Enforcement Officer  
 Section 117.10, Florida Statutes

CPL R. Sousa 2733  
 Signature of LEO