

Arrest Report

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FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 12/2/2020 09:41 PM	Report Number FHP99ARR832292 ✓	Case Number/Cad Number FHPL20OFF069067 / LWRC20CAD185674	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 12/02/2020 20:31:04 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type	Location Description BOYNTON BEACH BLVD
Street Number SR-809	Street / INDUSTRIAL AVE	Apt/Lot/Bldg City BOYNTON BEACH
State FL	Zip Code 33435	

Defendant

First Name BROOKE	Middle Name KATHERINE	Last Name ELLIS	Suffix	Race WHITE	Sex FEMALE	Height 504	Weight 180	Hair BRO	Eyes BLU
MNI #	SSN	Date of Birth 10/03/1970	Age 50	ID Type E	Driver ID	State FL	OCA / Agency ID		
Place of Birth:	OKINAWA FF JAPAN								
Address	* RESIDENCE / 15 [REDACTED] DELRAY BEACH, FL 33444 /								

Arrest

Arrest Date/Time 12/2/2020 9:23:13 PM	Arrest Location Type PUBLIC PLACE	Arrest Location Description ROADWAY
Street Number SR-809	Street / INDUSTRIAL AVE	Apt/Lot/Bldg County PALM BEACH
City BOYNTON BEACH	State FL	Zip Code 33435

Charge : S

Counts 1	Charge 316.193.3c1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree F	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI AND DAMAGE PROPERTY			
Is Arrestee Juvenile?			No
Type of Arrest			On-View Arrest (apprehension without a warrant or previous incident report)

Charge : S

Counts 1	Charge 316.193.3c1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree F	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description			

SCANNED

Arrest Report
DEC 03 2020

Cpl A O'Neal 67206

Report Date / Time 12/2/2020 09:41 PM	Report Number FHP99ARR832292	Case Number/Cad Number FHPL20OFF069067 / LWRC20CAD185674	Reporting Officer Name Z. TODD
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DUI AND DAMAGE PROPERTY	
Is Arrestee Juvenile?	No
Type of Arrest	On-View Arrest (apprehension without a warrant or previous incident report)

Charge : S

Counts 1	Charge 322.34.2a	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code MOVING TRAFFIC VIOL	
Charge Description DRIV WHILE LIC SUSPEND REVOCATION EQUIV STATUS			
Is Arrestee Juvenile?	No		
Type of Arrest	On-View Arrest (apprehension without a warrant or previous incident report)		

Charge : S

Counts 1	Charge 316.061	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code HIT AND RUN	
Charge Description LEAVE SCENE OF CRASH INVOLVE DAMAGE TO PROP			
Is Arrestee Juvenile?	No		
Type of Arrest	On-View Arrest (apprehension without a warrant or previous incident report)		

Charge : S

Counts 1	Charge 318.14.3	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code RESIST OFFICER	
Charge Description REFUSE TO ACCEPT SIGN CITATION OR POST BOND			
Is Arrestee Juvenile?	No		
Type of Arrest	On-View Arrest (apprehension without a warrant or previous incident report)		

Bond Set by Court

Bond Amount	DEC 03 6622
Bond Type(s)	

Probable Cause

On December 2, 2020 I was on routine patrol in my marked patrol car in Palm

Report Date / Time 12/2/2020 09:41 PM	Report Number FHP99ARR832292	Case Number/Cad Number FHPL20OFF069067 / LWRC20CAD185674	Reporting Officer Name Z. TODD
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Beach County. I responded to the scene of a traffic stop that occurred on Industrial Ave in Boynton Beach. I arrived on scene and was briefed by Tpr. Thomaz. He stated that a black Hyundai SUZ was on scene of a traffic crash at the gas station at 645 W Boynton Beach Blvd. Tpr. Stiles stated that she was conducting a traffic crash investigation and observed that the driver of the Hyundai was possibly impaired. Tpr. Thomaz then stated that the vehicle left the scene and he proceeded to stop her. He stated that the vehicle was failing to stop for him and that he followed the vehicle northbound on Industrial Ave. He then observed the vehicle collide with a dumpster and a fire hydrant. The driver was then taken into custody and detained for officer safety reasons. I then arrived on scene to conduct a DUI investigation. Tpr. Thomaz and Tpr. Stiles concluded the crash investigations and I told the driver that I was beginning a DUI investigation and she stated that she understood. Miranda Warning was then read from my state issued Miranda Warning card and she stated that she understood. I then asked what happened and she began to explain to me that the vehicle in front of her cut her off. As she talked, I observed that she had bloodshot glassy eyes, and was fidgety and unable to stay still. She was told multiple times to stand still in one spot and not move. I then requested that she conduct field sobriety exercises and she agreed. The driver was later identified by her FL DL as Brooke Ellis.

Horizontal Gaze Nystagmus

Before beginning the exercises, I checked to see if Ms. Ellis was wearing glasses or contact lenses. It was determined that Ms. Ellis was not wearing glasses or contacts. I then checked her eyes and observed equal tracking and equal pupil size. She was instructed to place her feet together and place her hands down at her side. She then was instructed to keep her head still and follow the stimulus with her eyes and her eyes only. She was also instructed to keep looking at the stimulus until told not to. She verbally indicated that she understood. The test was concluded because Ms. Ellis kept moving her head and was not following the stimulus.

SCANNED

DEC 03 2020 Walk and Turn Exercise

Report Date / Time 12/2/2020 09:41 PM	Report Number FHP99ARR832292	Case Number/Cad Number FHPL20OFF069067 / LWRC20CAD185674	Reporting Officer Name Z. TODD
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The area was level and free of debris. Ms. Ellis indicated that she observed the yellow line on the ground. Ms. Ellis was instructed to put her left foot on the line, then place her right foot on the line ahead of the left foot in a heel to toe manner. I then demonstrated this position. She was instructed not to begin untold to do so. Ms. Ellis verbally indicated that she has understood all instructions up to this point. Ms. Ellis was then instructed to take 9 heel to toe steps on the line when told to do so. I then demonstrated this. Ms. Ellis was then instructed to turn on the ninth step and to keep the front foot on the line and to take a series of small steps with the foot on the line. I then demonstrated this. Ms. Ellis was also instructed to keep her arms at her sides and to watch her feet during the exercise. Ms. Ellis was also instructed to count aloud and to not stop once she begins the exercise. She was also instructed to keep her arms at her sides at all times.

She began the exercise too soon and had to be told to return to the instructional position. She then began the exercise and used arms for balance and did not look at her feet. She also had a sway as she walked and took 12 steps and then stopped. She asked for further instructions and was told to complete the exercise as instructed. She then took 10 steps back down the line and missed heel to toe and used arms for balance.

One Leg Stand Exercise

Ms. Ellis was instructed to stand with her feet together and to place her arms down at her side. Ms. Ellis was instructed to maintain that position until told to do so. Once told to do so, she was instructed to raise one leg approximately 6 inches off the ground and to keep both legs straight with both arms at her side. She was also instructed to look at the elevated foot and count aloud in the manner of one thousand-one, one thousand-two and so on until told to stop. Ms. Ellis verbally indicated that she understood the instructions after I demonstrated to her.

She began the exercise and started walking forward and counting to 3. I told her to stop as she approached the parked car. I asked her if she understood the exercise and she stated that she understood.

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Finger To Nose

Ms. Ellis was instructed stand with her feet together and arms at her side and to have her index fingers pointed out. She was instructed t not start and stay in that position until told to do so. She stated that she understood. I then demonstrated the position. Ms. Ellis was then instructed to when told to start to close both eyes and tilt her head back. When told to do so she was instructed to bring the hand I directed upward, touching the tip of your finger to the tip of her nose. I then demonstrated this. She was then instructed to after touching the tip of the nose to immediately bring her hand down to her side. She stated that she understood. I then demonstrated and she stated that she understood. She was instructed to raise her hand in the following order, left, right, left, right, and right, left.

She began the exercise and started to walk forwards and touch her nose at the same time. I told her to step back to the starting position and aske her if she understood. She stated to me that she understood the exercise and I began again. She then started to take steps forward again and was not completing the exercise.

She was then placed under arrest for DUI and transported to the county jail. Once I arrived at the testing facility, I conducted a 20-minute observation. At no time did she regurgitate or take anything by mouth. I the requested that she provide a lawful sample of her breath and she refused. Implied consent was read, and she stated that she understood and refused again. She refused to sign the summons for DUI. She was then booked into the county jail.

The above incident occurred in Palm Beach County.

Ellis Brooke is being charged with 2 counts of DUI F.S. 316.193(3)(c)1. The first count is for the original crash investigation that occurred, and the second count is for the second crash investigation.

Jail Booking Facility

Booking Date/Time 12/2/2020 10:06 PM	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
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Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406	Booking Number
Booking Comments	



Court

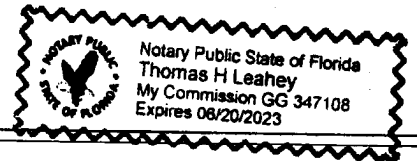
Court County PALM BEACH	Court Location 205 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401		
Court MAIN COURTHOUSE	Court Phone 561-355-2996	Court Appearance Date / Time	Court Fine
Comments TO BE SET			

Officer Name Rank / ID # Z. TODD TPR	Involvement On Report / Reporting Role REPORTING OFFICER	Officer Agency Org/Unit FLORIDA HIGHWAY PATROL FHPL\LWRCC\PALM BEACH\SR804 JSOF SR702
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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 Z. TODD	Office Rank TPR	Officer ID No 4141	Sworn and subscribed before me, the undersigned authority This the <u>22nd</u> day of <u>December</u> , <u>2020</u>
Officer Agency FLORIDA HIGHWAY PATROL			DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Signature 			



No Bill / Petition
 Issue Warrant
 Prosecution Approved

Signature of Assistant State Attorney _____ Date _____

NOT A CERTIFIED COPY



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 20-132796 PBSO ZONE 1-11

AGENCY CASE # FHP2200FF069067 CRASH CASE # _____

TIME OF STOP/CRASH 2035 DATE 12/2/20 DAY WED

SUBJECT'S NAME Ellis, Brooke K. RACE w SEX F

HGT 5'04 WGT 190 DOB 10/3/70

LOCATION Boxton BEACH BND / Industrial Ave

ARRESTING OFFICER'S NAME & ID TODD 61141 AGENCY FHP C

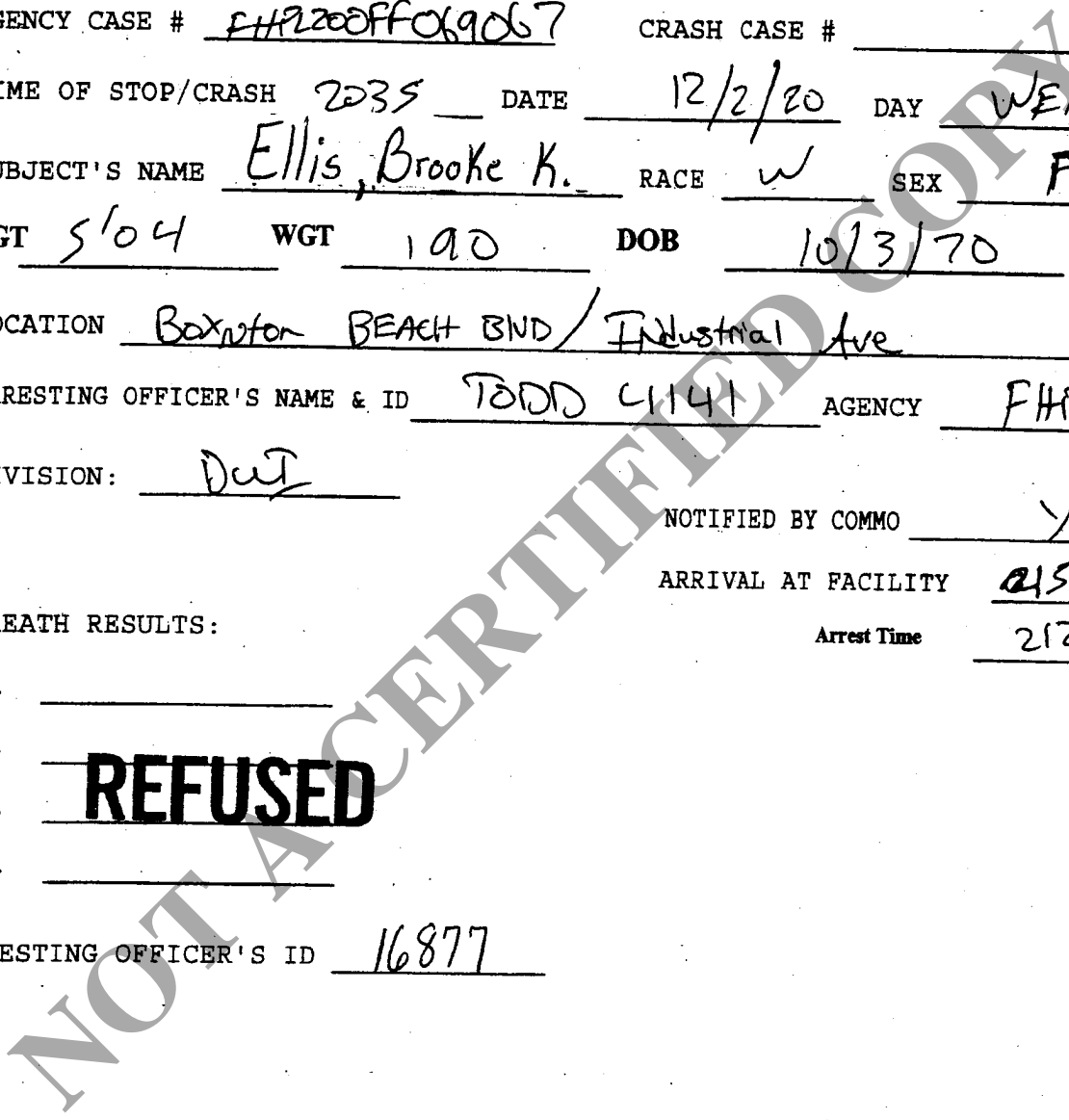
DIVISION: DUI NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0150

Arrest Time 2123

- BREATH RESULTS:
1. _____
 2. _____
 3. **REFUSED**
 4. _____

TESTING OFFICER'S ID 16877



TESTING FACILITY TASK REPORT

AGENCY: FHP-L

SUBJECT: Ellis, Brooke K. CASE NUMBER: 20-132796

DATE: Dec 2, 2020 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:14 ENDING TIME: 22:17

BREATH TESTS RESULTS: 1) Refual TIME 22:16 A.M. P.M. 2) N/A TIME A.M. P.M.
3) N/A TIME A.M. P.M. 4) N/A TIME A.M. P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Black pants, black tank top, black flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes bloodshot
Odor of unknown alcoholic beverage on breath.

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 21:50 hrs.
Subject refused to take breath test.
A/O read I/C and subject stated she understood I/C.
Subject refused to take test.
A/O read rights.
Subject stated she understood rights.
A/O attempted Q&A.
Subject refuse to answer questions

REFUSED

SUBJECT: Ellis, Brooke K. CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Ellis, Brooke K. CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Read on Camera

FLORIDA TRAFFIC CRASH DRIVER INFORMATION EXCHANGE

This Traffic Crash Report can be purchased online at:
www.FloridaCrashPortal.com

Crash Number 88419075	Reporting Agency FLORIDA HIGHWAY PATROL		
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CRASH IDENTIFIERS

County of Crash PALM BEACH	City or Place of Crash BOYNTON BEACH	<input type="checkbox"/> City Limits	Crash Date/Time 12/02/2020 08:29 PM	Reported Date/Time 12/02/2020 08:31 PM
Roadway Description for Location of Occurrence W INDUSTRIAL AVE				

VEHICLE

V01	Year 2019	Make HYUN	Model SANTA FE	Color BLK	State FL	License Number LTYZ07	Registration Expires 10/3/2020	<input type="checkbox"/> Permanent Registration	VIN 5NMS53AA8KH133725
Owner First Name BROOKE		Owner Middle Name K		Owner Last Name ELLIS		Owner Suffix	Owner Business (if not Person)		
Address 5110 NW 8TH AVE				Address Other			City BOCA RATON	State FL	Zip Code 33487-0000
Owner Phone Number		Owner Phone Number (other)		Insurance Company USAA CASUALTY INSURANCE COMPANY			Insurance Policy Number 005308259C71070		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V01	First Name BROOKE	Middle Name KATHERINE	Last Name ELLIS	Suffix
Address 150 SE 2ND AVE APT 413			Address Other			City DELRAY BEACH
Phone Number		Phone Number (other)		Other Comments (Write In)		

BUSINESS RECORD

Business Name BOYNTON BEACH			Phone Number 561-742-6435	Phone Number (other)
Address 124 EAST WOOLBRIGHT ROAD		Address Other		City BOYNTON BEACH
		State FL	Zip Code 33435	

REPORTING OFFICER

ID Number 4750	Rank TPR	Name TOMAS ANTONIO, ANIBA	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 561-357-4040
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FLORIDA TRAFFIC CRASH DRIVER INFORMATION EXCHANGE

This Traffic Crash Report can be purchased online at: www.FloridaCrashPortal.com

Crash Number 88372049	Reporting Agency FLORIDA HIGHWAY PATROL		
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CRASH IDENTIFIERS

County of Crash PALM BEACH	City or Place of Crash BOYNTON BEACH	<input type="checkbox"/> City Limits	Crash Date/Time 12/02/2020 08:04 PM	Reported Date/Time 12/02/2020 08:09 PM
Roadway Description for Location of Occurrence SB INTERSTATE 95 (STATE ROAD 9) EXIT RAMP				

VEHICLE

V01	Year 2019	Make HYUN	Model SANTA FE	Color BLK	State FL	License Number LTYZ07	Registration Expires 10/3/2020	<input type="checkbox"/> Permanent Registration	VIN 5NMS53AA8KH133725
Owner First Name BROOKE		Owner Middle Name K		Owner Last Name ELLIS		Owner Suffix	Owner Business (if not Person)		
Address 5110 NW 8TH AVE				Address Other			City BOCA RATON	State FL	Zip Code 33487-0000
Owner Phone Number		Owner Phone Number (other)		Insurance Company USAA			Insurance Policy Number 006306259C		
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes

VEHICLE

V02	Year 2020	Make JEEP	Model GRAND CHEROK	Color WHI	State FL	License Number LDVWN29	Registration Expires 6/30/2021	<input type="checkbox"/> Permanent Registration	VIN 1C4RJFBG5LC314974
Owner First Name SIXT		Owner Middle Name RENT		Owner Last Name A CAR LLC		Owner Suffix	Owner Business (if not Person)		
Address 1501 NW 49TH ST UNIT 100				Address Other			City FORT LAUDERDALE	State FL	Zip Code 33309-3058
Owner Phone Number		Owner Phone Number (other)		Insurance Company SIXT INSURANCE			Insurance Policy Number 00000		
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V01	First Name BROOKE	Middle Name KATHERINE	Last Name ELLIS	Suffix
Address 150 SE 2ND AVE APT 413			Address Other			City DELRAY BEACH
Phone Number 504-485-3883	Phone Number (other)	Other Comments (Write In)				

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V02	First Name LINNEA	Middle Name ANNE	Last Name POLISCHUK	Suffix
Address 6644 N OCEAN BLVD			Address Other			City OCEAN RIDGE
Phone Number 561-727-9074	Phone Number (other)	Other Comments (Write In)				

PERSON RECORD

Person Type PASSENGER	NM#	Vehicle# V02	First Name COBALT	Middle Name Z	Last Name POLISCHUK	Suffix
Address 6644 N OCEAN BLVD			Address Other			City OCEAN RIDGE
Phone Number	Phone Number (other)	Other Comments (Write In)				

REPORTING OFFICER

ID Number 4748	Rank TPR	Name STILES, MEGAN	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 561-357-4040
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NOT A

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

I, Z. TODD, 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 2 day of DECEMBER, 2020, at 9:23 P.M. A.M.

DRIVER BROOKE KATHERINE ELLIS,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# E420071708630, state of FL, was placed under lawful arrest for

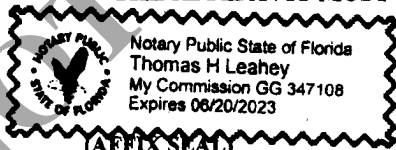
the offense of 316.193(3)(c)1 D.U.I. - PROPERTY DAMAGE/PERSONAL INJURY.. by Z. TODD and
(Name of Arresting Officer)
issued Citation # A76ZZBE

That on or about the 2 day of DECEMBER, 2020, at 10:16 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
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:

The foregoing instrument was sworn and subscribed before
me this 02nd day of December, 2020,
by Trp Z Todd #4141,
who is personally known to me or who has produced
Known as identification.

Signature of Attesting Officer

Title

Date

Notary Public T. Leary

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)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712 (2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020028221	Date: 12/03/2020
	Specialist Name/ID: M. Tooks #8557