

Cocoa Beach Police Department

Standard Operating Procedure



Effective Date: March 30, 2017	Replaces: Amends: February 27, 2017	Number: 104.10
Subject: Driving Under the Influence Investigations		Re-evaluation Date: 2019
Distribution: ALL PERSONNEL	Related : 5 th Edition 18.02M, 18.03M	

This order consists of the following numbered sections:

1. Purpose
2. Scope
3. Policy
4. Definitions
5. Training
6. Procedures
7. Under 21 DUI .02 Law
8. Appendices
9. References

1. PURPOSE

The purpose of this policy is to establish a clear and consistent procedure for officers to follow when conducting an investigation involving drivers under the influence.

2. SCOPE

This policy applies to all employees of the Cocoa Beach Police Department.

3. POLICY

It is the policy of the Cocoa Beach Police Department to provide for the safe travel of the motoring public by proactively detecting, investigating and apprehending intoxicated drivers.

4. DEFINITIONS

- A. Actual physical control- the driver must be physically in or on the vehicle and have the capability to operate the vehicle, regardless of whether they are actually operating the vehicle at the time.
- B. Agency inspector- A person who has been issued an Agency Inspector permit by the Florida Department of Law Enforcement.
- C. Blood alcohol content (BAC)- measured in grams per milliliter
- D. Breath alcohol content (BrAC) - measured in grams per liter.
- E. Breath test operator (BTO) - A person who has been issued a Breath Test Operator permit by the Florida Department of Law Enforcement.
- F. Driving under the influence (DUI)- Driving while under the influence of [alcoholic beverages] [a chemical substance listed in Chapter 877.111 Florida Statutes] [a controlled substance listed in Chapter 893 Florida Statutes] to the extent that their normal faculties are impaired.
- G. Florida DUI Uniform Traffic Citation - a citation issued only for DUI arrests when the driver's BrAC is .08g/210L or higher, or when the driver refuses to submit to any test requested by law enforcement.
- H. Impaired- under the influence of alcoholic beverages, any chemical substance set forth in Chapter 877.11 Florida Statutes, or any substance controlled under Chapter 893 Florida Statutes, when affected to the extent that the person's normal faculties are diminished, or has a BAC of 0.08g/100mi or higher, or a BrAC of .08g/210L or higher.
- I. Uniform traffic citation (UTC) - standard traffic citation issued for all traffic offenses except for DUI arrests unless the subject is impaired and the breath test results in a BrAC less than .08g/210L.

5. TRAINING

- A. Department personnel conducting evidentiary tests for impairment will be permitted to do so by the Florida Department of Law Enforcement after attending the required training classes to obtain and maintain Breath Test Operator permit.
- B. Department personnel conducting administrative tests for impairment for the Under 21 BrAL over .02 Law will be permitted to do so by the Department after attending the required training class to utilize the Portable Breath Test Instrument (PBT).
- C. Department personnel conducting inspections on the Agency's breath testing instrument will be permitted to do so by the Florida Department of Law Enforcement after attending the required training class to obtain and maintain the Agency Inspector Permit.
- D. Department personnel conducting inspections on the Agency's PBT will be permitted to do so by the Department after attending the required training class and maintain the Intoximeter Inspection Log (Appendix J).

6. PROCEDURES

- A. DUI detection and pre-arrest screening
 - 1. Unless circumstances do not permit, officers should utilize a video recording device to record the subject vehicle in motion before initiating the stop, if equipped. If video is not utilized, the reason should be documented in the case report. Safety of the public is an officer's primary concern and should be considered during this observation.
 - 2. Officer's observations in the detection stage are crucial in establishing probable cause for an arrest. Officers must perform the following tasks:
 - a. Recognize and identify specific driving behaviors that have a high probability of signifying that the driver may be impaired by alcohol, drugs and / or chemical substances.
 - b. Recognize and identify specific driving or other behaviors occurring during vehicle stops that provide additional evidence that the driver may be impaired.
 - c. Note all observations leading to the suspicion that the driver may be impaired.
 - d. Exercise due care and caution in attempting to stop impaired drivers and be alert for unusual or inappropriate reactions from the driver.
 - e. Attempts to stop should not be prolonged; apprehension should be made as soon as possible in a safe location.
 - f. Notify communications of location, vehicle description, number of occupants and reason for the stop.
 - g. Approach the vehicle with caution, but with minimal delay.
 - h. Obtain driver's license and other appropriate documents (e.g., registration, insurance card).
 - i. Maintain dialogue with the driver to determine the existence of impairment indicators.
 - j. Recognize and identify specific characteristics, attitudes, and actions commonly manifested by impaired drivers during face- to- face contact.
 - k. If at any time after the vehicle has been stopped and the driver is determined to be impaired, do not allow the driver to move the vehicle.
 - l. Note all observations leading to the suspicion that the driver may be impaired. If indicators exist to support your suspicion, request the driver to exit the vehicle to a nearby safe location to conduct the field sobriety exercises.
 - m. Officers shall not conduct interviews or field sobriety exercises in the space between the patrol vehicle and the driver's vehicle.
 - n. If the vehicle was not observed in motion, determine if probable cause exists to charge the driver with DUI based on actual physical control.
 - o. Conduct the Standardized Field Sobriety Exercises as outlined on the *Cocoa Beach Police Department Field Sobriety Form* (Appendix A). Record the results for each of the exercises administered. Alternate exercises should be considered when the defendant displays physical limitations or is of advanced age.
 - p. If the subject refuses to perform the Standardized Field Sobriety Exercises, advise them of the potential adverse consequence of their refusal. Not only could the refusal be used against them in court, but the officer may be forced to rely on information presented to them up to the point the driver was asked to perform the Standardized Field Sobriety Exercises in determining the arrest decision.

- q. Formulate appropriate arrest decision based on the evidence accumulated in the above-listed steps.
- B. DUI arrest and processing. (CFA 18.02A)
 1. If probable cause exists for DUI, Officers should arrest the suspect and complete the following tasks:
 - a. When taking the subject into physical custody, notify them that they are being placed under arrest for the appropriate charge.
 - b. After handcuffing, conduct a thorough search of the suspect and search areas the driver would have had access to for “fruits of the crime committed.” If the vehicle is to be towed, conduct an inventory of the vehicle. Any evidence located within the vehicle or the defendant’s person should be documented by photographing or using the patrol vehicle’s in-car camera system when available.
 - c. Obtain name, address, and phone number of passengers. Obtain proper picture identification when available. Note any statements made by passengers in case narrative.
 - d. Tow vehicle in accordance with current procedure
 - e. Arrange for transportation and safety of passengers
 - f. Transport arrestee to the Cocoa Beach Police Department for evidentiary testing and processing. If equipped, ensure the patrol vehicle’s in-car video record the arrestee’s actions or statements that may be made during transport.
- C. DUI related crash. (CFA 18.03D)
 1. When investigating a DUI crash case, obtain sworn statements from witnesses who can place the driver behind the wheel. All evidence should be noted that could show the defendant as the driver such as, but not limited to, injuries or marks on their person that could place them behind the wheel, the driver seat positioned in such a manner that would accommodate a person of the defendant’s size, glass fragments from the driver side window on the defendant, and the vehicles keys being in possession of the defendant.
 2. When investigating a DUI crash case, at the conclusion of the crash investigation, advise the driver that the crash investigation has concluded and that you are now conducting a criminal investigation for Driving Under the Influence. The investigating officer conducting the Driving Under the Influence investigation will read the driver Miranda Warnings and ask the driver to consent to performing the Standardized Field Sobriety Exercises; proceed with the exercises if consent was given. Once the exercises are complete, re-ask all questions from the crash investigation-
- D. Evidentiary testing and booking.
 1. Selection of test method.
 - a. It is Department policy to use the breath test method to collect evidence in suspected alcohol DUI cases.
 - b. It is Department policy to use the urine test method to collect evidence in suspected drug and or chemical DUI cases
 - c. Urine tests should be used when it appears to be the most reasonable means of collecting the necessary evidence in accordance with Florida State Statute.
 2. Preparation and implementation for evidentiary testing.
 - a. After the arrestee has been transported to the Cocoa Beach Police Department, place them in the holding cell; obtain booking paper needed to conduct the breath, blood or urine test. Ensure the interview room’s recording equipment is functioning and begin recording.
 - b. Bring the arrestee into the interview room and request the appropriate test(s) to obtain the necessary evidence. If the arrestee refuses to comply with the requested test, the officer conducting the evidentiary testing will read *Implied Consent Warning* (Appendix B) to the arrestee.
 3. Breath Analysis:
 - a. Certified operator administers test.
 - 1) Arresting Officer and/or certified Breath Test Operator administering test will keep arrestee under continuous and complete observation for at least twenty (20) minutes prior to test. During this time, arrestee may not eat, drink, or smoke. During this period, the Breath Test Operator should be preparing the testing equipment for usage. The test

- should be administered as soon as practical and possible after this observation period has elapsed.
- 2) After the arrestee performs the requested test, if they requested an independent blood analysis, officers will provide the arrestee with a phone book, telephone, and explain to the arrestee that it is up to them to arrange as well as pay all costs associated with the test. The arrestee will also be informed that the Cocoa Beach Police Department is not requesting a blood sample, and will not take custody of any blood or assume responsibility for its safeguard. If the arrestee does secure an independent blood sample, Officers will not hinder in the collection and will provide for the independent party to have access to the arrestee; this will include transport to the nearest medical facility if applicable. Officers should obtain the person's information to include all contact information and verify they are licensed to draw blood from a human being before blood is collected from the arrestee.
 - 3) If the arrestee refuses to provide a breath or urine sample, the arrestee is not legally entitled to an independent blood analysis. Administration of one type of test (i.e. breath) does NOT preclude the administration of another type of test. If the arrestee agrees to a breath test but declines a urine test the Officer will read the *Implied Consent Warning* to the arrestee. If the arrestee continues to refuse the required test, it will constitute a refusal and officers shall follow all arresting procedures for a refusal.
4. Blood Test:
- a. Blood test is the most accurate way of determining alcohol and controlled substance-induced impairment.
 - b. Blood collection kits shall be obtained from the shift supervisor.
 - 1) Arresting officer shall complete *Florida Department of Law Enforcement Alcohol Testing Program: Certification of Blood Withdrawal* (Appendix C)
 - 2) Administered in accordance with Sections, 316.1932, 316.1933, 316.1934, 322.62, 322.63, 322.64, 327.352, and 327.353 Florida Statutes.
 - c. Persons involved in a traffic crash, who are injured and are present for treatment at any medical facility, where probable cause exists they are impaired, should be tested for blood alcohol level or the presence of chemical or controlled substances. (CFA 23.01)
 - 1) If the driver is conscious, investigating officer will request a blood sample. If the driver refuses, Officers will read *Implied Consent Warning*.
 - 2) By statute, unconscious drivers have waived their right of refusal.
 - 3) If attending medical personnel believe blood testing will interfere with medical services and/or recovery, blood test will not be required.
 - 4) As defined by Section 316.1933(1) Florida Statute, if there is serious bodily injury and/or death to a "Human Being" resulting from a traffic crash and the officer has probable cause to believe the driver is under the influence of alcohol, chemical, or controlled substance, and all avenues to obtain a warrant have been exhausted it will be up to the on-duty shift supervisor to determine if a reasonable amount of force will be used to obtain the blood sample. This will only apply in felony DUI cases.
 - d. Procedures:
 - 1) Arresting officer must authorize testing and is responsible for signing all paperwork required by medical personnel.
 - 2) Minimum of five (5) milliliters of whole venous blood should be collected for submission.
 - 3) Arrangements should be made by arresting officer to have billing sent directly to Police Department.
5. Urine Tests: Urine tests will be used when there is reasonable cause to believe such person was driving or was in actual physical control of a motor vehicle while under the influence of chemical substances or controlled substances. In determining suspicion of controlled or chemical substance use, the officer should note and be able to articulate the presence of drugs, chemicals and/ or paraphernalia on the arrestee or in their vehicle. Note any statements made by the driver during the investigation. Document the odor of cannabis and/or other drugs as well as chemicals, or any other indicator of controlled or chemical substance use.
- a. Urinalysis is the approved method for determining most forms of drug or chemical- induced

- impairment.
- b. Urine collection kits will be obtained from the shift supervisor
- c. Urine collection will be conducted either at the police station or at a medical facility, whichever is most convenient. If the arrestee refuses to provide a sample of urine, the *Implied Consent Warning* shall be read.
- d. Administration of one type of test (i.e. breath) does NOT preclude the administration of another type of test. If the arrestee agrees to a breath test but declines a urine test, *Implied Consent Warning* will be read to the arrestee. If the arrestee continues to refuse the required test, it will constitute a refusal and officers shall follow all arresting procedures for a refusal.
- 6. Chain of custody for evidence requires an officer to be present during collection of blood and urine samples.
 - a. When collecting urine samples, the officer and arrestee must be of same sex.
 - b. Law enforcement personnel who are of the same sex as the arrestee may witness test in place of the arresting officer.
 - c. The test must be conducted in an area that protects the privacy of the arrestee per section 316.1932 (1)(b) Florida State Statutes.
- 7. Preservation of Evidence: Blood and urine samples will be refrigerated while awaiting transport to approved laboratories.
 - a. Person who collected sample will give blood samples to arresting officer.
 - 1) Two (2) samples will be provided (5 milliliters each).
 - 2) Each sample must be marked with following information:
 - a) Name
 - b) Collection date
 - c) Collection time
 - d) Collector's initials, and
 - e) Officer initials
 - 3) Blood samples should be hand-delivered to FDLE Crime Lab in Orlando as soon as possible.
 - 4) If hand-delivery is not possible, then blood should be packaged in accordance with the *FDLE Crime and Laboratory Evidence Submission Manual*.
 - 5) *Florida Department of Law Enforcement Toxicology Services: DUI Work Request Form* (Appendix D) will accompany samples.
 - b. Urine samples are collected in a clean container and are marked with identifying information.
 - 1) Submit 50 milliliters in a clean, tightly closed container.
 - 2) Urine samples may be hand-delivered to lab.
 - 3) If hand-delivery is not possible, urine should be packaged in accordance with FDLE guidelines set forth in the latest version of the Evidence Submission Manual.
 - 4) *Florida Department of Law Enforcement Toxicology Services: DUI Work Request Form* will accompany sample.
- E. Evidentiary (Breath, Urine, and or Blood) Test Refusal.

Evidentiary tests are extremely valuable in the successful prosecution of a DUI case. An arrestee has the choice to refuse the test. After the arrestee refuses evidentiary testing, the officer requesting the evidentiary test will complete the *Implied Consent State of Florida Warning Form* (Appendix I). If an arrestee refuses, then changes their mind and consents to the requested evidentiary test within a reasonable amount of time, the arresting officer should provide an opportunity for the arrestee to complete the requested test.

 - 1. Arresting officer will complete a *State of Florida Department of Highway Safety & Motor Vehicles Affidavit of Refusal to Submit to Breath, Urine or Blood Test*. (Appendix E)
 - 2. Original *REFUSAL* affidavit shall be submitted to DHSMV Driver's License Bureau.
 - 3. Copy of *REFUSAL* affidavit shall be submitted to State Attorney's Office along with required arrest documentation for processing.
 - 4. Secondary copy of *REFUSAL* affidavit shall be submitted to Driver Improvement Hearing Office.
- F. DUI Driver Interview

As with all criminal cases, an arrestee's admission or incriminating statements can be valuable in the successful prosecution of the case.

1. After completing the evidentiary portion of the investigation, the arresting officer shall make an attempt to obtain a statement from the driver. If the driver refuses, indicate such in the arrest report.
 2. Utilizing the Cocoa Beach Police Department's interview room along with recording equipment as well as the *Cocoa Beach Police Department DUI Driver Interview Form* (Appendix F), read the Miranda Warnings from the form and ask the questions as they appear on the form.
- G. Complete Required Arrest Report forms
1. Departmental forms must be completed as required, thoroughly documenting all evidence gathered during investigation and indicating results of all field sobriety and/or tests administered.
 2. Check subject's driving record and attach a copy of the driver's license status to arrest report.
 3. Attach subject's driver's license to arrest report, if applicable.
 4. The arresting officer will be responsible for all paperwork that accompanies the DUI arrest.
 - a. The Breath Test Operator (BTO) will be responsible for the breath testing and associated forms. If the Breath Test Operator is not the arresting officer, he or she will turn over the breath test results affidavit to the arresting officer. A supplemental report will be completed by the breath test operator if he or she is not the arresting officer.
 5. A *DUI Uniform Traffic Citation* (Appendix G) will be used for refusal or unlawful BrAC (.08 or greater cases). In all other cases, a standard UTC will be used. A suspension of the violator's driver's license takes place when the following criteria are met:
 - a. Results of the breath test indicate a BrAC of .08g/210L or higher.
 - b. The arrestee refuses any evidentiary test requested by the arresting officer.
 - c. Section 322.2615 Florida Statute provides for the seizure and suspension by the arresting officer of the driver's license of persons charged with DUI, 316.193, Florida Statute, under certain circumstances. The seizure and suspension by arresting officer may be conducted:
7. **UNDER 21 DUI .02 LAW/ ENFORCING SECTION 322.2616 FLORIDA STATUTE IN THE FIELD**
(CFA 18.02A)
- A. The purpose of this section is to establish uniform procedures for the enforcement of the Under 21 BrAL over .02g Law.
 1. Florida State Statute 322.2616 states that it is unlawful for a person under the age of 21 to drive a vehicle if the person has a breath alcohol level (BrAL) of 0.02 or higher.
 2. Section 322.2616 (1)(b) Florida Statutes permits a law enforcement officer to detain any person under the age of 21 for the purpose of obtaining a breath test if the officer has probable cause to believe that the person was driving or in actual physical control of a motor vehicle while showing indicators of possessing a BrAL of 0.02 or higher
 3. A driver under the age of 21 who has a BrAL of 0.02 or higher will have their driving privilege suspended for a period of six months for the first violation.
 4. The person under age 21 who refuses to submit to a lawful breath test will have their driving privilege suspended for one year for a first refusal.
 - B. Enforcing Section 322.2616, Florida Statutes in the field: Lawful contact must be made before an underage driver can be checked for a violation of Section 322.616 Florida Statute Lawful contacts include but are not limited to:
 1. Traffic stop related to Florida law
 2. Contact at a sobriety checkpoint
 3. Contact at the site of a traffic crash
 4. A consensual encounter with an underage driver
 - C. Rule out a violation of Chapter 316.193, Florida Statutes, (DUI) prior to checking a driver for a violation of the 0.02 law. You may only charge the offender with DUI as stated in section 316.193 Florida Statute or use the Notice of Suspension under the .02 law, you cannot arrest for DUI and proceed to charge them with a .02 violation, officers will conduct a normal investigation to rule out the possibility that the driver is impaired under Section 316.193 by:
 1. Interviewing the driver, verifying the drivers age and checking for signs of impairment
 2. Having the driver perform Standardized Field Sobriety Exercises
 3. Ruling out probable cause to make an arrest for DUI
 - D. Check for violation of Section 322.2616, Florida Statute, if probable cause does not exist to arrest the driver for DUI but there are indications that the driver has been drinking. This can be the odor associated with alcoholic beverages, opened or unopened containers in the vehicle, or other signs or

admissions. If the officer believes the driver may be in violation of Section 322.2616, Florida Statutes, they will:

1. After being with the driver for 15 minutes request that the driver submit to a breath test
 2. The officer will request the driver to perform a breath test consisting of two samples on the Portable Breath Test Instrument (PBT). The operator will have been trained in the use of the PBT. If the driver refuses to provide a breath sample the officer will read *Implied Consent Warning*.
 3. If the breath samples yield BrAL of 0.02 or higher, the officer will take the driver's license and issue a suspension using the *Notice of Suspension* (Appendix H).
 4. If the driver refuses to give a breath sample, the officer will take the driver's license and issue a suspension using the *Notice of Suspension*.
 5. The driver gives one breath test and refuses to give a second sample; the officer will take the driver's license and issue a suspension using the *Notice of Suspension*.
 6. If the driver is age 18-20 and no arrest is made for another violation; and the results are 0.020 to 0.079, the driver will be released after the officer advises them that their license is immediately suspended and that their copy of the *Notice of Suspension* will act as their temporary driving permit. They will have 10 days to contest the notice of suspension, and will not be able to drive for up to 12 hours after receiving their copy of the *Notice of Suspension*. If they do not contest the suspension their license will be suspended for a period of 6 months for the first offense, and if they refuse to submit to a breath test, their license is suspended for a period of 1 year for the first refusal.
- E. If the driver is under 18 and no arrest is made for other violations, the officer shall make every effort to contact a parent or guardian to take custody of the juvenile. If a parent or guardian cannot be located and the juvenile does not appear to be able to care for themselves or shows a BrAL of 0.08 or higher they will be transported to the nearest hospital for medical treatment. The .02 law is not a criminal offense and if no other criminal offenses exist and the juvenile can be released safely on their own recognizance they will be allowed to leave although they will not be allowed to drive.
- F. The following will be attached to an incident report and sent to Records:
1. Notice of Suspension
 2. Incident Report
 3. Any traffic citations, if applicable
 4. A cost recovery if applicable, for criminal traffic stops
 5. Secure the driver's license to the Notice of Suspension

8. APPENDICES

- A. Cocoa Beach Police Department Field Sobriety Form
- B. Implied Consent Warning
- C. Florida Department of Law Enforcement Alcohol Testing Program: Certification of Blood Withdrawal
- D. Florida Department of Law Enforcement Toxicology Services: DUI Work Request Form - <https://powerdms.com/link/IDS/document/?id=1030101>
- E. State of Florida Department of Highway Safety & Motor Vehicles Affidavit of Refusal to Submit to Breath, Urine, or Blood Test
- F. Cocoa Beach Police Department DUI Driver Interview
- G. Florida DUI Uniform Traffic Citation
- H. Notice of Suspension (.02 Violations)
- I. Implied Consent Warning State of Florida form
- J. Intoximeter Inspection Log - <https://powerdms.com/link/IDS/document/?id=1043653>

9. REFERENCES

- FDLE Crime Laboratory Evidence Submission Manual (2012)
- State of Florida (2016). Florida Statute 316.193- Driving under the influence; penalties. Retrieved February 10, 2017 from: <https://www.flsenate.gov/Laws/Statutes/2016/316.193>
- State of Florida (2016). Florida Statute 322.2616 - Suspension of license; person under the age of 21 years of age. Retrieved February 10, 2017 from: <https://www.flsenate.gov/Laws/Statutes/2016/322.2616>



Scott Rosenfeld
Chief of Police
City of Cocoa Beach

Date: 03/16/17



COCOA BEACH POLICE DEPARTMENT FIELD SOBRIETY FORM



CASE NO. _____ ARRESTING OFFICER _____ DEFENDANT _____

Check-Off List	<input type="checkbox"/> BREATH		<input type="checkbox"/> URINE or BLOOD	
	<input type="checkbox"/> DUI Case Report <input type="checkbox"/> Crash Report <input type="checkbox"/> Arrest or Probable Cause Affidavit <input type="checkbox"/> Traffic Citations <input type="checkbox"/> Implied Consent <input type="checkbox"/> Intoxilyzer Checklist <input type="checkbox"/> Intoxilyzer Results _____ & _____ <input type="checkbox"/> Breath Test Result Affidavit <input type="checkbox"/> Breath Test Refusal Form <input type="checkbox"/> Tow Inventory Receipt <input type="checkbox"/> Witness Statements <input type="checkbox"/> Affidavit for Investigative Cost	<input type="checkbox"/> Evidence / Property Receipt	<input type="checkbox"/> DUI Case Report <input type="checkbox"/> Crash Report <input type="checkbox"/> Arrest or Probable Cause Affidavit <input type="checkbox"/> Traffic Citations <input type="checkbox"/> Implied Consent <input type="checkbox"/> Intoxilyzer Checklist <input type="checkbox"/> Intoxilyzer Results _____ & _____ <input type="checkbox"/> Breath Test Result Affidavit <input type="checkbox"/> Breath Test Refusal Form <input type="checkbox"/> Tow Inventory Receipt <input type="checkbox"/> Witness Statements <input type="checkbox"/> Affidavit for Investigative Cost	<input type="checkbox"/> Urine Kit <input type="checkbox"/> Blood Kit (Exp. Date) _____ <input type="checkbox"/> Evidence / Property Receipt <input type="checkbox"/> FDLE Toxicology Request Form <input type="checkbox"/> FDLE Analysis Request Form <input type="checkbox"/> Certification of Blood Withdrawal
Health	<p>Are you sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is wrong? _____</p> <p>Are you epileptic? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you take Dilantin? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you taking medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what? _____</p> <p>Last Dose? _____ Do you have any physical defects? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what? _____</p> <p>Are you wearing contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an artificial eye? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently being treated by a doctor or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who and for what? _____</p> <p>Are you diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you take Insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you deaf? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
	<p>Odor of Breath (Alcoholic Beverage): <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Distinct <input type="checkbox"/> Open Container <input type="checkbox"/> Other, Specify: _____</p> <p>Condition of Eyes: <input type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted</p> <p>Speech: <input type="checkbox"/> Clear <input type="checkbox"/> Mumbling <input type="checkbox"/> Slurred <input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Accent</p> <p>Condition of Face: <input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweating <input type="checkbox"/> Other: _____</p> <p>Dexterity: <input type="checkbox"/> Normal <input type="checkbox"/> Clumsy <input type="checkbox"/> Fumbled <input type="checkbox"/> Unsure <input type="checkbox"/> Needs Assist. <input type="checkbox"/> Other: _____</p> <p>Clothing: <input type="checkbox"/> Clean <input type="checkbox"/> Orderly <input type="checkbox"/> Soiled <input type="checkbox"/> Disarranged <input type="checkbox"/> Torn <input type="checkbox"/> Other: _____</p> <p>Unusual Actions: <input type="checkbox"/> None <input type="checkbox"/> Hiccupping <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinence Urine/Feces <input type="checkbox"/> Other: _____</p> <p>Attitude: <input type="checkbox"/> Polite <input type="checkbox"/> Cooperative <input type="checkbox"/> Profane <input type="checkbox"/> Belligerent <input type="checkbox"/> Emotional <input type="checkbox"/> Crying</p> <p><input type="checkbox"/> Cocky <input type="checkbox"/> Combative <input type="checkbox"/> Argumentative <input type="checkbox"/> Indifferent <input type="checkbox"/> Laughing <input type="checkbox"/> Mood Swings</p> <p>Exiting Vehicle: <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Swaying <input type="checkbox"/> Staggering <input type="checkbox"/> Falling <input type="checkbox"/> Needs Assistance</p> <p>Walking to Roadside: <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Stumbling <input type="checkbox"/> Staggering <input type="checkbox"/> Falling <input type="checkbox"/> Needs Assistance</p> <p>Standing: <input type="checkbox"/> Normal <input type="checkbox"/> Unsteady <input type="checkbox"/> Swaying <input type="checkbox"/> Staggering <input type="checkbox"/> Falling <input type="checkbox"/> Leaning Against Vehicle</p> <p>Location: <input type="checkbox"/> Roadside <input type="checkbox"/> BAT <input type="checkbox"/> Parking Lot <input type="checkbox"/> Sidewalk <input type="checkbox"/> Driveway <input type="checkbox"/> Cocoa Beach PD <input type="checkbox"/> Other: _____</p> <p>Lighting: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Street Light <input type="checkbox"/> Vehicle Lights <input type="checkbox"/> Other: _____</p> <p>Surface: <input type="checkbox"/> Dry <input type="checkbox"/> Paved <input type="checkbox"/> Dirt <input type="checkbox"/> Level <input type="checkbox"/> Hard <input type="checkbox"/> Marked Line <input type="checkbox"/> Other: _____</p> <p>Video: <input type="checkbox"/> Yes <input type="checkbox"/> At-Scene <input type="checkbox"/> In-Car <input type="checkbox"/> BAT <input type="checkbox"/> Cocoa Beach PD <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> Refused to perform S.F.S.E. <input type="checkbox"/> Tape #: _____</p>			
Additional	<p>The officer may wish to use discretion when administering the ONE LEG STAND and WALK AND TURN to persons over 65 years of age, 50 pounds or more overweight, or who have physical impairments which affect their ability to balance. (Administer alternate exercises if the subject meets these criteria.) Individuals wearing heels more than two inches high should be given the opportunity to remove their shoes.</p>			

Revised 2-6-04

COCOA BEACH POLICE DEPARTMENT

FIELD SOBRIETY EXERCISES

<p>I am now requesting that you perform several exercises to help determine if you are capable of operating a motor vehicle. There are several exercises that I will explain and demonstrate for you.</p>																																																																					
<p>Do you have any physical defects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>If Yes, what type of defects? (List):</p>																																																																			
<p>HORIZONTAL GAZE NYSTAGMUS</p>																																																																					
<p>I am now going to check your eyes. (Please remove your glasses.) Please keep your head still and follow the stimulus (pen) with your eyes only. Do not move your head.</p>																																																																					
<p>Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have cataracts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>LEFT EYE</p> <p><input type="checkbox"/> Lack of Smooth Pursuit <input type="checkbox"/> Maximum Deviation <input type="checkbox"/> Onset before 45 degrees</p>																																																																			
<p>Are you wearing contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did the subject use their head when following the stimulus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>RIGHT EYE</p> <p><input type="checkbox"/> Lack of Smooth Pursuit <input type="checkbox"/> Maximum Deviation <input type="checkbox"/> Onset before 45 degrees</p>																																																																			
<p>Are you color blind? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Subject refused to perform the exercise. <input type="checkbox"/></p>	<p><input type="checkbox"/> Check here if vertical nystagmus observed.</p>																																																																			
<p>WALK AND TURN</p>		<p>ONE-LEG STAND</p>																																																																			
<p>Put your left foot on the line and then your right foot in front of it with your right heel touching your left toe. Place your arms down at your side. (Demonstrate.) Do not walk until I tell you to. When I tell you to begin, take 9 heel-to-toe steps. (Demonstrate.) When you turn, keep your front foot on the line and turn taking a series of small steps with the other foot. (Demonstrate.) Keep your arms at your sides at all times, watch your feet, and count each step out loud. If you step off the line do not stop, continue where you left off. Do not stop until you have completed the exercise.</p> <p>Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No You may begin.</p> <p><input type="checkbox"/> Can't keep balance while listening to instructions. <input type="checkbox"/> Starts before instructions are finished. <input type="checkbox"/> Stops walking to steady self. <input type="checkbox"/> Does not touch heel-to-toe. <input type="checkbox"/> Loses balance while walking. Steps off the line. <input type="checkbox"/> Uses arms for balance. Raises arms over six inches. <input type="checkbox"/> Loses balance while turning, turns incorrectly. <input type="checkbox"/> Incorrect number of steps. <input type="checkbox"/> Subject refused to perform the exercise.</p> <table style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<p>Stand with your heels together and your arms at your sides. (Demonstrate.) Do not begin the exercise until I tell you to do so. When I tell you to, raise one leg of your choice six inches off the ground foot pointed out. Hold that position and count out loud 1001, 1002, 1003, all the way up to 1030 while looking down at your raised foot. Should you have to put your foot down at any time, raise it back up and continue counting where you left off. Do not stop until you have completed the exercise.</p> <p>Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No You may begin.</p> <p><input type="checkbox"/> Sways while balancing. <input type="checkbox"/> Uses arms to balance. Raises arms over six inches. <input type="checkbox"/> Hopping. <input type="checkbox"/> Puts foot down. <input type="checkbox"/> Cannot perform exercise. Puts foot down three or more times. <input type="checkbox"/> Subject refused to perform the exercise.</p> <table style="width: 100%; text-align: center;"> <tr><td>01</td><td>06</td><td>11</td><td>16</td><td>21</td><td>26</td></tr> <tr><td>02</td><td>07</td><td>12</td><td>17</td><td>22</td><td>27</td></tr> <tr><td>03</td><td>08</td><td>13</td><td>18</td><td>23</td><td>28</td></tr> <tr><td>04</td><td>09</td><td>14</td><td>19</td><td>24</td><td>29</td></tr> <tr><td>05</td><td>10</td><td>15</td><td>20</td><td>25</td><td>30</td></tr> </table> <p style="text-align: right;">What was the actual time the subject took to do the exercise? <input style="width: 50px;" type="text"/> Seconds.</p>		01	06	11	16	21	26	02	07	12	17	22	27	03	08	13	18	23	28	04	09	14	19	24	29	05	10	15	20	25	30
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<p>Additional Comments:</p>		<p>Additional Comments:</p>																																																																			
<p>Narrative (include all statements made by the defendant):</p>																																																																					

Revised 2-6-04

IMPLIED CONSENT WARNING

A. (Breath Test)

I am now requesting that you submit to an approved test of your breath for the purpose of determining the alcohol content of your breath.

B. (Blood/Urine Test)

I am now requesting that you submit to an approved test of your (blood) (urine) for the purpose of determining its (alcohol content) &/or (presence of chemical or controlled substances) in your (blood) (urine).

IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST, THEN READ:

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 year for a first refusal, or 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.**

WARNING OF CONSTITUTIONAL RIGHTS

* You have the right to remain silent. You do not have to make any statements or answer any questions.

* Anything you say can and will be used against you in court.

* You have the right to talk with a lawyer now and at any time during this interview.

* If you cannot afford a lawyer, one will be appointed for you without cost to you.

* If you decide to answer questions without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

After the warning, ask the following questions:

* Do you understand each of the rights I have explained to you?
* With these rights in mind, do you wish to talk to me now?

LAW ENFORCEMENT BLOOD TEST WITHDRAWAL FORM
DUI or BUI - ALCOHOL, CHEMICAL SUBSTANCES, OR
CONTROLLED SUBSTANCES
WITH DEATH OR SERIOUS BODILY INJURY

I _____ have reasonable cause to believe that
(Printed name of law enforcement officer)

_____ was driving or in actual physical control
(Print name of patient/suspect)

of a motor vehicle or vessel while under the influence of alcoholic beverages or chemical or controlled substances. The patient/suspect has caused or contributed to the death or serious bodily injury of a human being.

Therefore, I am requesting that a blood sample be drawn from said patient/suspect pursuant to: (CHECK ONE OF THE FOLLOWING TWO SECTIONS)

_____ Section 316.1933(1)(a), Florida Statutes - DUI WITH SERIOUS BODILY INJURY OR DEATH

OR

_____ Section 327.353(1)(a), Florida Statutes - BUI WITH SERIOUS BODILY INJURY OR DEATH

Furthermore, this is to document that:

_____ The patient/suspect has consented to the withdrawal of blood.

_____ Although the patient/suspect has not given consent, I am requesting that blood be drawn in a reasonable manner and I will use reasonable force, if necessary, to restrain this patient/suspect in order for the blood to be drawn in a reasonable and safe manner.

_____ Name of person withdrawing blood and their title:

(Printed name of person drawing blood)

Title of person drawing blood)

(Date and time of blood withdrawal)

(Signature of Law Enforcement Officer)

(Agency)

(Badge No.)

* Only a physician, certified paramedic, registered nurse, or other personnel authorized by the hospital to draw blood or a licensed clinical laboratory director, supervisor, technologist, or technician acting at the request of a law enforcement officer may withdraw the blood under implied consent. Person withdrawing blood must complete FDLE/ATP Certification of Blood Withdraw Form.

LAW ENFORCEMENT BLOOD TEST WITHDRAWAL FORM
DUI or BUI - ALCOHOL, CHEMICAL SUBSTANCES, OR
CONTROLLED SUBSTANCES
WITH NO DEATH OR SERIOUS BODILY INJURY

I _____ have reasonable cause to believe that
(Printed name of law enforcement officer)

_____ was driving or in actual physical control
(Print name of patient/suspect)

of a motor vehicle or vessel while under the influence of alcoholic beverages or chemical or controlled substances. The patient/suspect has appeared for treatment at a hospital, clinic, or other medical facility (an ambulance qualifies as a medical facility), and the administration of a breath or urine test is impractical or impossible.

Therefore, I am requesting that a blood sample be drawn from said patient/suspect pursuant to: (CHECK ONE OF THE FOLLOWING TWO SECTIONS)

_____ Section 316.1932(1)(c), Florida Statutes - DUI WITHOUT SERIOUS BODILY INJURY OR DEATH

OR

_____ Section 327.352(1)(c), Florida Statutes - BUI WITHOUT SERIOUS BODILY INJURY OR DEATH

Furthermore, this is to document that:

_____ The patient/suspect has consented to the withdrawal of blood.

_____ The patient/suspect is unconscious and therefore, consent is presumed.

_____ Name of person withdrawing blood and their title:

_____ (Printed name of person drawing blood) _____ (Title of person drawing blood)

_____ (Date and time of blood withdrawal)

_____ (Signature of Law Enforcement Officer) _____ (Agency) _____ (Badge No.)

*Only a physician, certified paramedic, registered nurse, or other personnel authorized by the hospital to draw blood or a licensed clinical laboratory director, supervisor, technologist, or technician acting at the request of a law enforcement officer may withdraw the blood under implied consent. Person withdrawing blood must complete FDLE/ATP Certification of Blood Withdraw Form.

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

I, _____, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of _____, and I do swear
(Name of law enforcement agency)

or affirm that on or about the _____ day of _____, 20_____, at _____ ☐ P.M. ☐ A.M.

DRIVER _____,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# _____, state of _____, was placed under lawful arrest for
the offense of _____ by _____ and
(Name of Arresting Officer)
issued Citation # _____.

That on or about the _____ day of _____, 20_____, at _____ ☐ P.M. ☐ A.M.
in _____ County,

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

Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

(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 _____

HSMV-BAR1001 (REV. 10/2016)

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.

Appendix E

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

I, _____, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of _____, and I do swear
(Name of law enforcement agency)

or affirm that on or about the _____ day of _____, 20_____, at _____ ☐ P.M. ☐ A.M.

DRIVER _____,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

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

That on or about the _____ day of _____, 20_____, at _____ ☐ P.M. ☐ A.M.
in _____ County,

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

Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20_____,
by _____,
who is personally known to me or who has produced
_____ as identification
Notary Public _____

HSMV-BAR1002 (REV. 10/16)

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

Cocoa Beach Police Department
DUI Driver Interview

Officer: _____
Date: _____ Time: _____
Location: _____
Accident: Yes No



Subject: _____
D/L: _____
Video: Yes No
Case# _____

MIRANDA WARNING

1. You have the right to remain silent. You do not have to make any statement or answer any questions.
2. Anything you say can and will be used against you in court.
3. You have the right to a lawyer.
4. If you cannot afford to pay for a lawyer, one will be appointed for you at no cost, before any questioning.
5. If you decide to answer questions without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

Where were you coming from? _____

Where were you going? _____

What street were you travelling on when you got stopped? N. S. E. W. on? _____

What have you been drinking? _____

How much did you have? _____

Where were you drinking? _____

When did you start drinking? _____

Without looking at a clock, what time is it now? _____ Actual: _____

Are you under the influence of any medication or drug? _____ When? _____

When did you eat last? _____ What did you eat? _____

Do you feel the effect (s) of the alcohol or drug(s) you consumed? Yes No

In your opinion, are you under the influence of an alcoholic beverage or drug(s)? Yes No

Is there any reason why you didn't get a ride or take a taxicab?

Interviewing Officer: _____ Interviewee: _____

Revised February 2014



FLORIDA DUI UNIFORM TRAFFIC CITATION

3878-XAH 2

COUNTY OF		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY	
BY 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		YEAR	
MIDDLE		LAST	
NAME (PRINT) FIRST MIDDLE LAST			
STREET			
CITY			
STATE			
ZIP CODE			
TELEPHONE NUMBER		DATE OF BIRTH	
DAY		MONTH	
YEAR		SEX	
HGT		WGT	
DRIVER LICENSE NUMBER		CLASS	
STATE		EXPIRATION DATE	
YR. VEHICLE		COLOR	
VEHICLE LICENSE NO.		YEAR TAG EXPIRES	
TRAILER TAG NO.		STATE	
UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY			
AT			
IF COUPON ON CITATION(S) "X" HERE			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED, OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD ALCOHOL LEVEL OF .08 PERCENT OR ABOVE. BLOOD ALCOHOL LEVEL _____ %.

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation)

<input type="checkbox"/> STATE STATUTE	<input type="checkbox"/> AGGRESSIVE DRIVER	SECTION	SUB-SECTION
<input type="checkbox"/> CRASH	<input type="checkbox"/> DAMAGE TO OTHER PROPERTY	<input type="checkbox"/> INJURY TO ANOTHER	<input type="checkbox"/> SERIOUS BODILY INJURY TO ANOTHER
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

COURT DATE _____ TIME _____ 3878-XAH 2

COURT AND LOCATION _____

I AGREE AND PROMISE TO OBEY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WITHOUT REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMITTANCE OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR _____

EFFECTIVE THE DATE OF ARREST, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☐ DRIVING WITH AN UNLAWFUL BLOOD ALCOHOL LEVEL. THIS SUSPENSION/DISQUALIFICATION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OF DRIVING WITH UNLAWFUL BLOOD ALCOHOL LEVEL OR ONE YEAR IF PREVIOUSLY SUSPENDED OR DISQUALIFIED FOR DRIVING WITH AN UNLAWFUL BLOOD ALCOHOL LEVEL. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR THE SAME PERIOD OF TIME AS THE SUSPENSION.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST F.S. 322.2615. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY FOR A SECOND REFUSAL WHILE OPERATING A CMV.

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 ARREST.

AT THE _____ DRIVER IMPROVEMENT HEARING OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF ARREST, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER _____

HSBAY 75004 (Rev. 6/03)

MADE NO. _____

Printed on recycled paper

TROOP UNIT _____

**INSTRUCTIONS FOR
NOTICE OF SUSPENSION
(EFFECTIVE JANUARY 1, 1997)**

***PRIOR TO FILLING OUT THIS DOCUMENT
REMOVE ALL AFFIDAVITS (TOP TWO SHEETS).***

Pursuant to s. 322.2616 F. S., these notices are to be issued only to persons operating or in actual physical control of a motor vehicle who are under the age of 21 and have a breath alcohol level of .02 or higher, or refuse to submit to a breath test authorized in s. 322.2616 F. S. **This suspension notice should always be used for a violation of s. 322.2616 F. S.**

The following documents must be forwarded to one of the 17 hearing offices of the Department of Highway Safety and Motor Vehicles, listed on reverse side of officer-agency copy of notice. These documents must be submitted within **FIVE CALENDAR DAYS** after the date of the issuance of the notice of suspension.

1. Hearing officer's copy of suspension notice (HSMV 72103). (**DO NOT** list on transmittal form.)
2. Affidavit stating grounds for belief that the person was under the age of 21 and was driving or in actual physical control of a motor vehicle with any breath alcohol level.
3. Affidavit stating the results of any breath test or
4. Affidavit stating that a breath test was requested by a law enforcement officer and that the person refused to submit to such test, and was read the implied consent warnings.
5. Driver's license, if surrendered.

IMPLIED CONSENT WARNINGS

1. I am now requesting that you submit to a test of your breath for the purpose of determining the alcoholic content of your breath.
2. If you refuse to take the test, your privilege of operating a motor vehicle will be suspended for a period of one year, or 18 months if your license has been previously suspended for refusing to submit to a required test.

BE CERTAIN THE DRIVER UNDERSTANDS THE STATEMENTS.

Distribution

White -- DHSMV Hearing Officer's Copy
Yellow -- Driver's Copy
Pink -- Officer/Agency Copy

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

This affidavit should only be used for a violation of s. 322.2616 F.S.

STATE OF FLORIDA
COUNTY OF _____)

I, _____, who, being duly sworn, state that
I am a duly certified Law Enforcement Officer and a member of

(NAME OF ENFORCEMENT AGENCY)

That on or about the _____ day of _____, 20 _____
A.M.
at _____ P.M. Location _____

I did request

NAME _____
(TYPE OR PRINT) FIRST MIDDLE OR MAIDEN LAST

DRIVER LICENSE NO. _____

DATE OF BIRTH _____ RACE _____ SEX _____
MONTH DAY YEAR

to submit to a breath test to determine the breath alcohol level. I did
inform said person that a refusal to submit to such test will result in the
suspension of the privilege to operate a motor vehicle for a period of 1
year for a first refusal, or for a period of 18 months if the privilege had
been suspended for a prior refusal to submit to a breath, blood or urine
test.

Said person did at that time and place refuse to submit to such test.

SIGNATURE OF LAW ENFORCEMENT OFFICER

(AFFIX SEAL) THIS AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO
[F. S. 117.10]

The foregoing instrument was acknowledged before me on this _____ day of _____, 20 _____, by _____.

Who is personally known to me or who has produced

as identification.

The foregoing instrument was sworn to
and subscribed before me.

SIGNATURE OF ATTESTING OFFICER

TITLE _____

SIGNATURE OF NOTARY PUBLIC

DATE _____

NOTE: Mail or hand deliver to the designated Bureau of Administrative Reviews hearing office,
Department of Highway Safety and Motor Vehicles, with the notice of suspension.

Appendix H

Page 3 of 4

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF DRIVER LICENSES
NOTICE OF SUSPENSION

COUNTY		<input type="checkbox"/> F.H.P. <input type="checkbox"/> P.D. <input type="checkbox"/> S.O. <input type="checkbox"/> OTHER	
CITY (IF APPLICABLE)		AGENCY	
DAY OF WEEK	MONTH	DAY	YEAR
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME (PRINT)	FIRST	MIDDLE	LAST
STREET		IF DIFFERENT THAN ON DRIVER'S LICENSE CHECK HERE	
CITY	STATE	ZIP CODE	
DATE OF BIRTH		MO	DAY
		YEAR	SEX
		HGT.	
DRIVER'S			
LICENSE NO.			
	STATE		
YEAR VEHICLE	MAKE	STYLE	COLOR
VEHICLE TAG NUMBER	STATE	YR TAG EXP	
NAME OF PARENT OR GUARDIAN			
TELEPHONE NUMBER			

EFFECTIVE THIS DATE YOUR DRIVING PRIVILEGE IS SUSPENDED FOR:

- ☐ BEING UNDER THE AGE OF 21 AND DRIVING OR IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WHILE HAVING A BREATH ALCOHOL LEVEL OF 0.02 OR HIGHER. THIS SUSPENSION IS FOR A PERIOD OF 6 MONTHS FOR A FIRST VIOLATION, OR FOR A PERIOD OF 1 YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING OR BEING IN PHYSICAL CONTROL OF A MOTOR VEHICLE WITH A BREATH ALCOHOL LEVEL OF 0.02 OR HIGHER.
BREATH ALCOHOL LEVEL _____
- ☐ REFUSAL TO SUBMIT TO A BREATH TEST UNDER F. S. 322.2616. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR. IF THIS IS THE FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST.
- ☐ NOTICE WAS HAND DELIVERED TO DRIVER ON _____
DATE

License Surrendered? ☐ Yes ☐ No

Eligible for permit? ☐ Yes ☐ No

Unless ineligible, this suspension notice shall serve as a temporary driver's license and will expire at midnight on the 10th day following the date of the issuance of this notice.

At the _____ DHSMV hearing office, you may request within 10 calendar days after the issuance of this suspension notice, a review of the suspension by the Department of Highway Safety and Motor Vehicles. (See reverse side.)

SIGNATURE OF DRIVER

RANK AND SIGNATURE OF OFFICER BADGE# ID# TROOP/UNIT

WHITE-DHSMV HEARING OFFICER
 PINK-OFFICER/AGENCY COPY

YELLOW-DRIVER'S COPY

HSMV 72103 (9/96)

IMPLIED CONSENT WARNING
STATE OF FLORIDA

DEFENDANT'S NAME	CASE #
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☐ BREATH TEST

I AM NOW REQUESTING THAT YOU SUBMIT TO AN APPROVED TEST OF YOUR BREATH FOR THE PURPOSE OF DETERMINING THE ALCOHOLIC CONTENT OF YOUR BREATH.

AND/OR

☐ URINE TEST

I AM NOW REQUESTING THAT YOU SUBMIT TO A TEST OF YOUR URINE FOR THE PURPOSE OF DETERMINING THE PRESENCE OF ANY CHEMICAL OR CONTROLLED SUBSTANCE.

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.

WILL YOU TAKE THE TEST? ☐ YES ☐ NO

DO YOU STILL REFUSE TO SUBMIT TO THIS TEST KNOWING YOUR DRIVING PRIVILEGE WILL BE SUSPENDED FOR A PERIOD OF AT LEAST ONE YEAR? ☐ YES ☐ NO

DATE	TIME	DEFENDANT'S SIGNATURE (YOUR SIGNATURE IS NOT AN ADMISSION OF GUILT) X
ARRESTING OFFICER(PLEASE PRINT YOUR NAME AND ID#)		BREATH TEST OPERATOR(PLEASE PRINT YOUR NAME AND ID#)

SEE REVERSE SIDE FOR BLOOD TEST WARNING

Revised 03/11/04

BLOOD TEST IMPLIED CONSENT WARNING

(To be used pursuant to 316.1932(1) (c), Florida Statutes when a person is at a medical facility for treatment and the administration of a breath or urine test is impractical or impossible)

☐ BLOOD TEST

I AM NOW REQUESTING THAT YOU SUBMIT TO AN APPROVED TEST OF YOUR BLOOD FOR THE PURPOSE OF DETERMINING IT'S ALCOHOLIC CONTENT OR THE PRESENCE OF ANY CHEMICAL OR CONTROLLED SUBSTANCE.

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.

WILL YOU TAKE THE TEST? ☐ YES ☐ NO

DO YOU STILL REFUSE TO SUBMIT TO THIS TEST KNOWING YOUR DRIVING PRIVILEGE WILL BE SUSPENDED FOR A PERIOD OF AT LEAST ONE YEAR? ☐ YES ☐ NO

DATE	TIME	DEFENDANT'S SIGNATURE (YOUR SIGNATURE IS NOT AN ADMISSION OF GUILT) X
ARRESTING OFFICER(PLEASE PRINT YOUR NAME AND ID#)		PERSON WITHDRAWING BLOOD (PLEASE PRINT YOUR NAME AND ID#)

Revised 03/11/04