

COMPLAINT/ARREST AFFIDAVIT

ORIS NUMBER: _____ POLICE CASE NO: **PD071221-684277**

SPECIAL OPERATION: FELONY MISD TRAFFIC DWI DWI/NOV MOVES NOV JAIL NO: _____

WARRANT: WARRANT FUGITIVE WARRANT In state Out of state

IDE NO: _____ AGENCY CODE: **30** MUNICIPAL P.D. DEF. ID NO: _____ MOPO RECORDS AND ID NO: _____ STUDENT ID NO: _____ GANG ACTIVITY RELATED ARREST: FRAUD RELATED ARREST:

DEFENDANT'S NAME (LAST, FIRST, MIDDLE): **PEREZ, ARMANDO C. (AFF. I DON'T KNOW)** ALIAS and / or STREET NAME: _____ MARRIAGE: 100 150 200 300 400 500

DOB (MM/DD/YYYY): **01/15/1981** AGE: _____ RACE: **W** SEX: **M** Hispanic Not Hispanic **HIS DON'T KNOW** HEIGHT: **5'7** WEIGHT: **170** HAIR COLOR: _____ HAIR LENGTH: _____ HAIR STYLE: **DON'T KNOW** EYES: **DON'T KNOW** GLASSES: YES NO **GOT NOE** FACIAL HAIR: _____ TEETH: _____

SCARS (ATTOR. UNIQUE PHYSICAL FEATURES Location, Type, Description): **VARIOUS THROUGHOUT BODY** PLACE OF BIRTH (City, State/Country): **MIA., FL.**

LOCAL ADDRESS (Street, Apt. Number): _____ (City) (State) (Zip) PHONE: **DONT KNOW** CITIZENSHIP: **U.S.**

PERMANENT ADDRESS (Street, Apt. Number): HOMELESS UNKNOWN _____ (City) (State/Country) (Zip) PHONE: _____ OCCUPATION: **TRAPPER**
SELF EMPLOY.

BUSINESS OR SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip) PHONE: _____ ADDRESS SOURCE: DL Verbal

DRIVER'S LICENSE NUMBER / STATE: _____ SOCIAL SECURITY NO: _____ WEAPON SEIZED? Type: Yes No Firearm Knife Other I did not consent: Yes No Response Permit PERMIT # _____ INDICATION OF: Y N UNK Alcohol influence Y N UNK Drug influence Y N UNK

ARREST DATE (MM/DD/YYYY): **12/21/2007** ARREST TIME (HH:MM): **0314** ARREST LOCATION (Include name of business): **SR 826 S/B EXIT RAMP @ SW 56 ST.** GRID: _____

| CO-DEFENDANT NAME (Last, First, Middle) | DOB (MM/DD/YYYY) | <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> AVOIDABLE |
|---|------------------|--|
| 1 | | <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR |
| 2 | | <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> AVOIDABLE |
| 3 | | <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR |

| JUV | Parent | (Name) | (Street, Apt. Number) | (City) | (State/Country) | (Zip) | (Phone) | Contacted? |
|-------------------------------|--------------------------|--------|-----------------------|--------|-----------------|-------|---------|--|
| <input type="checkbox"/> Only | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| CHARGES | CHARGE AS | COUNTS | FL STATUTE NUMBER | VIOL. OF SECT | CODE OF | UCR | DV | WARRANT TYPE OR TRAFFIC CITATION |
|-------------------------|---|----------|-------------------|---------------|---------|-----|----|---|
| 1. DUI (REFUSED) | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD | 1 | 316.193 | | | | | <input type="checkbox"/> JAC <input type="checkbox"/> CAPAS <input type="checkbox"/> CIV <input type="checkbox"/> DWI <input type="checkbox"/> DWI PU <input type="checkbox"/> JAW <input type="checkbox"/> DVW <input type="checkbox"/> CHRG <input type="checkbox"/> CASE # 3801-XCV |
| 2. | <input type="checkbox"/> F.S. <input type="checkbox"/> ORD | | | | | | | <input type="checkbox"/> JAC <input type="checkbox"/> CAPAS <input type="checkbox"/> CIV <input type="checkbox"/> DWI <input type="checkbox"/> DWI PU <input type="checkbox"/> JAW <input type="checkbox"/> DVW <input type="checkbox"/> CHRG <input type="checkbox"/> CASE # |
| 3. | <input type="checkbox"/> F.S. <input type="checkbox"/> ORD | | | | | | | <input type="checkbox"/> JAC <input type="checkbox"/> CAPAS <input type="checkbox"/> CIV <input type="checkbox"/> DWI <input type="checkbox"/> DWI PU <input type="checkbox"/> JAW <input type="checkbox"/> DVW <input type="checkbox"/> CHRG <input type="checkbox"/> CASE # |
| 4. | <input type="checkbox"/> F.S. <input type="checkbox"/> ORD | | | | | | | <input type="checkbox"/> JAC <input type="checkbox"/> CAPAS <input type="checkbox"/> CIV <input type="checkbox"/> DWI <input type="checkbox"/> DWI PU <input type="checkbox"/> JAW <input type="checkbox"/> DVW <input type="checkbox"/> CHRG <input type="checkbox"/> CASE # |

The undersigned certifies and swears that herein has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:
 On the **21** day of **DEC** 20 **07** at **0751** (HH:MM) at **SR 826 S/B EXIT RAMP @ SW 56 ST** (Location, include name of business) (Narrative, be specific):

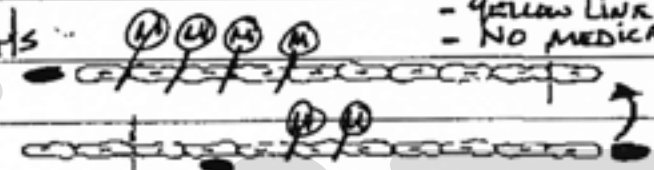
THE DEF. WAS STOPPED DRIVING A SILVER COLORED MERZ. FOUR DOOR CAR (FLA. TAG # L56AS), AFTER PASSING MY MARKED POLICE CAR SPEEDING AND PACE CLOCKED SPEED OF 93 MPH. IN A 55 MPH. ZONE. WHEN THE DEF.'S VEHICLE WAS STOPPED AND HE WAS ASKED TO EXIT HIS VEHICLE (FOR OFFICER SAFETY - DARK TINTED WINDOWS). THE DEF. WAS ASKED TO STEP AWAY FROM HIS VEHICLES OPENED DOOR

PAGE 1 OF 3

| | | | |
|---|--|--|--|
| HOLD FOR OTHER AGENCY Name: _____ | VERIFIED BY: _____ | <input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing) | <input type="checkbox"/> I understand that should I voluntarily fail to appear before the court as required by this notice to appear that I may be held in contempt of court and I consent for my arrest should be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvenile notify Juvenile Division) anytime that my address changes. |
| I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT | SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED, ON THIS 21 DAY OF DEC 2007 | <input type="checkbox"/> You need not appear in court, but must comply with the instructions of the arresting officer. | <input type="checkbox"/> Signature of Defendant / Juvenile and Parent or Guardian |
| OFFICER'S / COURT CLERK'S SIGNATURE: M. Stinak | COURT ID NUMBER/LOC CODE: 30-4512(36) | DATE OF AFFIDAVIT: 12/21/07 | Signature of Defendant / Juvenile and Parent or Guardian: Boyer |
| NAME (Printed): _____ | AGENCY NAME: MPOD | County of the Court of Jurisdiction: 30-31/55 | |

COMPLAINT/ARREST AFFIDAVIT - COURT COPY

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY

| | | | | | | |
|---|-------------------|---|---|--|---|--|
| CBTS NUMBER | | COMPLAINT/ARREST AFFIDAVIT CONTINUATION | | | POLICE CASE NO. PD071221-684277 | |
| JAE NO | | | COURT CASE NO. | | | |
| ESG NO | AGENCY CODE 30 | MUNICIPAL P.D. DEF. ID NO. | MIRPO RECORDS AND ID NO. | | | |
| DEFENDANT'S NAME (LAST, FIRST, MIDDLE) PEREZ, ARMANDO | | | | | DOB (MMDDYYYY) 01/15/1981 | |
| ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) | | | DOB (MMDDYYYY) | | <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELLODY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR | |
| ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) | | | DOB (MMDDYYYY) | | <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELLODY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR | |
| ADDITIONAL CHARGES | | | | | | |
| BREATH TEST RESULT: 0.00; 0.00 | | | | | | |
| 5. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD MOVED HEAD 3x's REINSTR. | | | | | | |
| 6. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD RACH TIME HGN | | | | | | |
| 7. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD LACK OF SMOOTH PURSUIT: LEFT EYE <input checked="" type="checkbox"/> RIGHT EYE <input checked="" type="checkbox"/> VGN: <input type="checkbox"/> | | | | | | |
| 7. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD NYSTAGMIUS PRESENT AT MAXIMUM: LEFT EYE <input checked="" type="checkbox"/> RIGHT EYE <input checked="" type="checkbox"/> | | | | | | |
| 8. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD ANGLE OF ONSET =/ < 45 DEGREES: LEFT EYE <input checked="" type="checkbox"/> RIGHT EYE <input checked="" type="checkbox"/> | | | | | | |
| WALK & TURN <input checked="" type="checkbox"/> LOSES BALANCE DURING INSTRUCTIONS rhts...  | | | | | | |
| <input checked="" type="checkbox"/> STARTS BEFORE TOLD TO DO SO (1x) | | | | | | |
| <input checked="" type="checkbox"/> STOPS OR PAUSES TO REGAIN BALANCE | | | | | | |
| <input checked="" type="checkbox"/> DOESN'T TOUCH HEEL TO TOE (> 1/2 INCH) | | | | | | |
| <input checked="" type="checkbox"/> STEPS OFF LINE ONCE OR TWICE | | | | | | |
| <input checked="" type="checkbox"/> RAISES ONE OR BOTH ARMS 6 OR MORE INCHES FOR BALANCE | | | | | | |
| <input checked="" type="checkbox"/> DOESN'T TURN CORRECTLY OR LOSES BALANCE DURING TURN | | | | | | |
| <input checked="" type="checkbox"/> TAKES MORE OR LESS THAT 9 STEPS IN EACH DIRECTION | | | | | | |
| <input type="checkbox"/> CAN NOT DO TEST. EXPLAIN: - DID NOT LOOK AT FEET (REMINDED 2x) | | | | | | |
| ONE LEG STAND - NO MEDICAL | | | | | | |
| <input checked="" type="checkbox"/> SWAYS WHILE BALANCING ON ONE LEG - DEF. R/F, L/B @ 6 SEC. STARTED AGAIN | | | | | | |
| <input checked="" type="checkbox"/> RAISES ONE OR BOTH ARMS > 6" FOR BALANCE - DID NOT LOOK AT FOOT REMINDED 3x's | | | | | | |
| <input checked="" type="checkbox"/> HOPS ON ONE LEG TO MAINTAIN BALANCE | | | | | | |
| <input checked="" type="checkbox"/> PUTS FOOT DOWN ONE OR TWO TIMES DURING 30 SECOND PERIOD @ 16 DID NOT CONT. UNTIL 24 SEC | | | | | | |
| <input type="checkbox"/> CANNOT DO TEST (PUTS FOOT DOWN 3 OR MORE TIMES, OR LOSES BALANCE, NEARLY FALLS) EXPLAIN: | | | | | | |
| FINGER TO NOSE Swaying Apr. 2" | | | | | | |
| <input type="checkbox"/> DOESN'T MAINTAIN EYES CLOSED | | | | | | |
| <input checked="" type="checkbox"/> MISSES TIP OF NOSE WITH TIP OF INDEX FINGER | | | | | | |
| <input type="checkbox"/> USES WRONG HAND WHEN DIRECTED | | | | | | |
| <input checked="" type="checkbox"/> DOESN'T PUT HAND DOWN | | | | | | |
| <input type="checkbox"/> CANNOT DO TEST. EXPLAIN: | | | | | | |
| ROMBERG/BALANCE | | | | | | |
| <input type="checkbox"/> DOESN'T MAINTAIN EYES CLOSED | | | | | | |
| <input checked="" type="checkbox"/> SWAYS IN ANY DIRECTION OR MANNER Apr 2" Cir. | | | | | | |
| <input checked="" type="checkbox"/> USES ARM(S) FOR BALANCE | | | | | | |
| <input checked="" type="checkbox"/> TIME ESTIMATION 16 FOR 30 SECONDS | | | | | | |
| <input type="checkbox"/> CANNOT DO TEST. EXPLAIN: | | | | | | |
| HOLD FOR OTHER AGENCY Name: | | | VERIFIED BY Name: | | <input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Other Must Appear at Bond Hearing) | |
| I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. | | | SWORN TO AND SUBSCRIBED BEFORE ME. | | <input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvenile notify Juvenile Division) anytime that my address changes. | |
| OFFICER'S / COMPLAINANT'S SIGNATURE M. Slimak | | | THE UNDERSIGNED, JURY THIS 21 DAY OF APRIL 2007 | | You need not appear in court, but must comply with the instructions on the reverse side hereof. | |
| NAME (Printed) | | | AGENCY NAME MDPD | | Signature of Defendant / Juvenile and Parent or Guardian Bond | |



6730-EJD 7

FLORIDA UNIFORM TRAFFIC CITATION

| | | | | | |
|--|---------------|--------------------------------|------------------------------|--|--------------------------------|
| COUNTY OF <u>MIA. DADE</u> | | <input type="checkbox"/> INTR. | <input type="checkbox"/> DP. | <input checked="" type="checkbox"/> D.S. | <input type="checkbox"/> OTHER |
| CITY OF APPLICABLE <u>UNIC.</u> | | AGENCY <u>MDPA</u> | | AGENCY <u>30</u> | |
| IN THE COURT LEGISLATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS APT AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON | | | | | |
| <u>FRI</u> | <u>12</u> | <u>21</u> | <u>2007</u> | <u>2:51 PM</u> | |
| NAME OF DRIVER <u>ARMAUND</u> | | LAST <u>FREEZ</u> | | SEX <u>B</u> | |
| ADDRESS <u>CL... GARDENS IT</u> | | CITY <u>RI</u> | | | |
| PHONE NUMBER | DATE OF BIRTH | SEX | HAIR | EYES | WEIGHT |
| | | | | | |
| DRIVER LICENSE NUMBER | CLASS | EXPIRES | TYPE | IF COMMERCIAL VEHICLE | |
| | | | | | |
| PLACARD NUMBER | PLACARD TYPE | PLACARD EXPIRES | PLACARD TYPE | PLACARD TYPE | |
| | | | | | |
| LOCATION OF VIOLATION <u>S.W. 826 / from SW 38 TO 55 ST.</u> | | | | | |

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

UNLAWFUL SPEED 93 MPH SPEED APPLICABLE 55 MPH

INTERSTATE 4-LANE HWY WITH 30 FT. MEDIAN OUTSIDE BUS OR RES. DIST.

CARELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE

VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR UNSAFE EQUIPMENT FOUR (4) MONTHS OR LESS

VIOLATION OF RIGHT OF WAY EXPIRED TAG MORE THAN FOUR (4) MONTHS

IMPROPER CHANGE OF LANE OR COURSE SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE

IMPROPER PASSING MORE THAN SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED

CHILD RESTRAINT NO PROOF OF INSURANCE

DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRUGS/ACTUATOR PHYSICAL CONTROL WHILE IMPAIRED OR DRIVING UNDER PHYSICAL CONTROL WITH UNLAWFUL BREATH/BLOOD/URINE ALCOHOL LEVEL NA

PAID BY UNINCORPORATED POLICE

VEH. 316-187(2)C

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE

YES NO YES NO YES NO YES NO YES NO

CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED BELOW

INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW

INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

6730-EJD 7

COURT INFORMATION

DATE TO BE SET

COURT DADE Co.

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND OBEY TO THE LAWS AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. I ACKNOWLEDGE MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS IF YOU WERE REASONABLY FACULTY ACCUSED TO COMPLY WITH THIS CITATION. CONTACT THE CLERK OF THE COURT.

Armaund (Notice Given)

DATE 30-4-12 SIGNATURE Hallett



7
 FLORIDA DUI UNIFORM TRAFFIC CITATION **3810-XCK** DEPT 5

(1) FKP (2) FPD (3) AFD (4) OTHER
 COUNTY OF **MIA-DADE** CITY OF APPLICABLE **Unic.** AGENCY **MDPD** AGENCY **30**
 IN THE COURT DESCRIBED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS AID AND NEARLY AND BELIEVES THAT ON
 COMPLAINT (RETAINED BY COURT)
 CHARGED **FRT** **12** **21** **2007** **2:51**
 NAME OF DRIVER **ARMANDO C. PEREZ**
 CITY **MIAMI**
 OFFENSE **UNLAWFUL** **IL** **100.34**
 TELEPHONE NUMBER **305-815-8151** **WIM** **5-7**
 DRIVER LICENSE NUMBER **FL E 08**
 VEHICLE MAKE **2007 MERZ** **4DR** **31W**
 VEHICLE LICENSE NO. **FL 08**
 VEHICLE MAKE **SR 826** **SW** **56** **ST.**
 ONE UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT SUCH VIOLATIONS WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.12**
 COMMENTS PERTAINING TO OFFENSE: **ONE AND OTHER VEHICLES**

STATE DRIVER RESIDENT DRIVER SECTION **316.193**
 YES NO YES NO YES NO YES NO
 THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
TO BE SET
 COURT DATE **DADE C.** **3810-XCK** DEPT 5
 COURT JURISDICTION

ARREST DELIVERED TO _____ DATE _____
 I AGREE AND PROMISE TO COMPLY AND OBEY TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU WISH RESPONSIBILITY FACILITY ADDRESS INFORMATION TO COMPLETE WITH THE CITATION CONTACT THE CLERK OF THE COURT.
NOTED (NOTICE GIVEN)
 SIGNATURE OF VIOLATOR

EFFECTIVE THE DATE OF ARREST, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION/DISQUALIFICATION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OF DRIVING WITH UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL OR ONE YEAR IF PREVIOUSLY SUSPENDED OR DISQUALIFIED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH 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. 302.2815. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A 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 15TH DAY FOLLOWING THE DATE OF ARREST.
 AT THE **MIAMI** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 15 DAYS AFTER THE DATE OF ARREST, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.
UPF **30-4512** **Hall**

Information Regarding Review Hearing

FINAL ORDER

This will serve as notice of final order of license suspension effective on the date it was mailed to you. You may request a formal or informal review of the suspension as follows:

INFORMAL REVIEW

If you want the department to conduct an informal review of this suspension/disqualification, you must request such review at the location indicated on the reverse side. Your request must be submitted in writing within **10 business days** following the date of arrest and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of arrest, citation number and county where arrest occurred. This review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.

FORMAL REVIEW

If you want to be heard or present witnesses in regard to this suspension/disqualification, you must request a formal review at the location indicated on the reverse side. Your request must be submitted in writing within **10 business days** following the date of arrest and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of arrest, citation number and county where arrest occurred. If you need reasonable facility accommodations due to a disability in order to appear for a review hearing, include this information in your request. You will be advised of the review hearing date.

As a result of the informal or formal review hearing, the hearing officer shall determine by a preponderance of the evidence whether sufficient cause exists to sustain, amend or discharge the suspension/disqualification. The following issues will be considered at the review of a suspension/disqualification for:

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

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

The following issues will be considered at the review of a suspension for:

REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST

- 1 & 2. Same as numbers 1 and 2 above.
- Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer;
- Whether the person was told that if he refused to submit to such test his privilege to operate a motor vehicle would be suspended.

IN CASE OF A DISQUALIFICATION FOR REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST, THE FOLLOWING ISSUES WILL BE CONSIDERED:

- Whether the law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle in this state while he had any alcohol, chemical substances or controlled substances in his body;
- Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer;
- Whether the person was told that if he refused to submit to any such test, his privilege to operate a commercial motor vehicle would be disqualified.

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

Location of Administrative Review Hearing Offices

- | | | |
|--|--|---|
| 1. Clearwater 33762 4585 140th Avenue North Suite 1002 | 6. Jacksonville 32210-2667 7439 Wilson Blvd., Room 8 | 11. Panama City 32401-1356 2806 W. 15th Street, #104 |
| 2. Daytona Beach 32114-4663 955 Orange Avenue | 7. Lake Worth 33467 5801 Lake Worth Road, Suite 230 | 12. Pensacola 32504-6252 7202 Plantation Road Suite 408 |
| 3. Ft. Myers 33919-3541 6350 Presidential Court #C | 8. Lauderdale Lakes 33311 3128 West Oakland Blvd. | 13. Tallahassee 32301-2617 501-A Capital Circle SE |
| 4. Ft. Pierce 34942-4105 3220 S. Federal Hwy Suite 8 | 9. Miami 33136-1422 2515 W. Flagler St. | 14. Tampa 33610-4478 2814 E. Hillsborough Ave |
| 5. Gainesville 32603-2118 5630 NW 34th St. 4st | 10. Palm Bay 32909-2518 3060 NE Duke Hwy | 15. Winter Park 32789-3067 940 W. Canton Avenue |
| | | 16. Winter Springs 32708 |