

21 CT-14214

OBITS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-002935							
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) 811/OLD JUPITER BEACH RD, JUPITER 33477				Location of Offense (Business Name, Address) 399 N ALT AIA/OLD JUPITER BEACH RD, JUPITER, FL 33477							
Date of Arrest 08/25/2021		Time of Arrest 01:59		Booking Date 08/25/2021		Booking Time 02:09		Jail Date		Jail Time	
										ALL HOOKED UP	
Name (Last, First, Middle) ELGIN, ALINA MARIE				Alias (Name, DOB, Sec. Sec. #, Etc.) Alias:							
Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 07/02/1997		Height 5'00		Weight 95		Eye Color BROWN	
										Hair Color BLONDE /	
										Complexion FAIR	
										Build Small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R ANKLE / SHARK; TATT CHEST / TATT DADS NAME				Marital Status S		Religion CHRISTIAN		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 18551 LAKE BEND DR, JUPITER, FL 33458				(City) JUPITER		(State) FL		(Zip) 33458		Phone (561) 389-7018	
Permanent Address (Street, Apt. Number) 18551 LAKE BEND DR, JUPITER, FL 33458				(City) JUPITER		(State) FL		(Zip) 33458		Phone (561) 389-7018	
Business Address (Name, Street) STUDENT,				(City) JUPITER		(State) FL		(Zip) 33458		Phone (561) 389-7018	
D/M Number, State E425013977420 / FL				Sec. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) RUSSIA		Citizenship US	
Co-Defendant Name (Last, First, Middle) [REDACTED]				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle) [REDACTED]				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian				Name (Last, First, Middle) [REDACTED]				Residence Phone			
Address (Street, Apt. Number) [REDACTED]				(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]		Business Phone	
Notified by: (Name) [REDACTED]				Date [REDACTED]		Time [REDACTED]		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name) [REDACTED]				Date [REDACTED]		Time [REDACTED]					
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: [REDACTED] <input type="checkbox"/> No:				School Attended [REDACTED]		Grade [REDACTED]		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property [REDACTED]	
Drug Activity N N/A P Possess		S Sell B Buy T Traffic		R Smuggle D Deliver H Use		K Disperse/ Distribute		M Manufacture/ Produce/ Cultivate		Z Other	
Drug Type N N/A A Amphetamine		B Barbiturate C Cocaine H Heroin		H Hallucinogen M Marijuana O Opium/Derv.		P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other			
Charge Description DUI - BREATH .08 OR ABOVE				Statute Violation Number 316.193(1)(C)		Violation of ORD #					
Drug Activity N		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
										Warrant / Capias Number [REDACTED]	
										Bond [REDACTED]	
Charge Description [REDACTED]				Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]					
Drug Activity [REDACTED]		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
										Warrant / Capias Number [REDACTED]	
										Bond [REDACTED]	
Health / Apparent Physical Condition of Defendant [REDACTED]				Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By [REDACTED]		Released By [REDACTED]		Relinquished To [REDACTED]			
Transported By [REDACTED]				Date Transported [REDACTED]		Time Transported [REDACTED]		Other [REDACTED]			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 09/29/2021 08:30:00					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. 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. [Signature]				Date Signed 8/25/21						No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)				Signature of Arresting Officer BORROWS, ANDREW		Name Verification (Printed by Arrestee) AUG 25 AM 5:17					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Seizable		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) BORROWS, ANDREW		I.D. # 1138					
Intake Deputy [Signature]		I.D. # [REDACTED]		Pouch # [REDACTED]		Transporting Officer OFC BORROWS		I.D. # 380		Agency JPD	
				Witness here if subject signed with an "X"						PAGE 1 OF 1	

☐ COURT
 ☐ STATE ATTORNEY
 ☐ AGENCY
 ☐ CENTRAL RECORDS
 ☐ JAIL
 ☐ CRIME ANALYSIS
 ☐ P.I.O.
 ☐ DEFENDANT

0525458

SCANNED
 AUG 25 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
A	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002935				
D	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
N	Name (Last, First, Middle) ELGIN, ALINA MARIE		Alias		Race W	Sex F	Date of Birth 07/02/1997		
D	Charge Description 316.193(1)(C) DUI BRAC OVER .08		Charge Description						
E	Charge Description		Charge Description						
F	Victim's Name (Last, First, Middle) State Of Florida		Race		Sex	Date of Birth			
C	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source	
H	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
A	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25</u> day of <u>August</u>, <u>2021</u> at <u>01:27</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 8/25/2021 at approximately 0127 hours, Officer Bigtree of the Jupiter Police Department requested I respond to a traffic stop he conducted at approximately 0125 hours in the area of East Indiantown Road and Alternate A1A in the Town of Jupiter, Palm Beach County, Florida.</p> <p>Upon my arrival, Officers Bigtree and Robichaud were on scene. There was a 2017 Toyota bearing Florida license plate Y55FUV stopped in front of their vehicles. The driver's seat was occupied by a female later identified to me as Alina Elgin. I spoke first to Officer Bigtree, who advised me of the driving he observed and the signs of impairment he observed during his contact with Elgin.</p> <p>I made some initial preparations and moved my vehicle to the front of Officer Bigtree's. I then walked up to the driver's side door and spoke to Elgin. I could immediately smell the strong odor of an unknown alcoholic beverage on Elgin's breath. I asked Elgin to exit her vehicle. Elgin's speech was heavily slurred and remained that way throughout my encounter with her. Elgin had logorrhea. Elgin told several rambling stories that she repeated several times to me during my encounter with her. Elgin had bloodshot and glassy eyes. Elgin was generally irritable and impatient during my contact with her. Elgin spoke over me multiple times and often cut me off mid-sentence.</p> <p>I asked Elgin how impaired she felt on a scale of 1-10. Elgin indicated an "eight." Elgin stated she was OK to drive home because she was going to take back roads home. Elgin stated she'd had two drinks. Elgin stated she doesn't have any medical conditions, doesn't take and medicine. Elgin stated she does not have any speech impediment. Elgin denied taking any drugs.</p> <p>Elgin was hesitant to complete roadside tasks. I advised Elgin of her Taylor Warnings. After going on several tangents, Elgin agreed to complete roadides. I first conducted</p>								
P	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i> SHARI L. O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.</p> <p>08/25/2021 DATE</p> <p><i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)</p> <p>08/25/2021 DATE</p>								
R	<p>PAGE 1 of 2</p>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED
AUG 25 2021

OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-002935						
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes					
Name (Last, First, Middle) ELGIN, ALINA MARIE		Alias		Race W	Sex F	Date of Birth 07/02/1997			
<p>Horizontal Gaze Nystagmus. I am a certified Drug Recognition Expert and conducted the task in a manner consistent with my training. I observed all six standardized clues of Horizontal Gaze Nystagmus: lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation and onset of nystagmus prior to 45 degrees in both of Elgin's eyes. Elgin had some difficulty keeping her head still as instructed.</p> <p>I next conducted the Walk and Turn task. Elgin started the task early several times, in spite of explicit and repeated instructions not to. Elgin used her arms for balance throughout the task. Elgin missed heel to toe on the 6th, 9th and 10th steps. Elgin took 11 steps on the first leg of the task. Elgin turned improperly and asked what to do next while stepping off the line. Elgin then started talking about surfing. I told her to continue as best as she could remember. Elgin missed heel to toe on the 7th 8th and 9th steps. Elgin stumbled off the line on the 7th step. Elgin took 11 steps on the return.</p> <p>I then attempted to conduct the One Leg Stand task. I gave Elgin the instructions. Elgin became increasingly agitated and confrontational. As her demeanor was deteriorating, I chose to end the tasks there due to the ample probable cause and for the safety of Elgin. I placed Elgin in handcuffs which I checked for spacing and double locked.</p> <p>Officer Shaff arrived on scene and conducted a search of Elgin. I then transported Elgin to the Palm Beach County Breath Alcohol Testing Center where I conducted a 20 minute observation period facing Elgin. I then requested Elgin provide a sample of her breath. Elgin initially refused. I read Implied Consent to Elgin. Elgin again became agitated. Elgin demanded an attorney. I advised Elgin she did not have the right to an attorney at that point in the process. I kept attempting to go over Implied Consent. Elgin eventually stated she would give a sample. When Technician O'Neal started giving her instructions, Elgin again became argumentative. I started to go over Implied Consent again and Elgin remained argumentative. I called a refusal as Elgin refused to engage in a conversation regarding her understanding of Implied Consent. Elgin then started asking something to the effect of if she could give a sample. I asked her if she wanted to and she replied affirmatively. Elgin subsequently provided samples of .188 and .186. I read Elgin her Miranda Rights and did not ask her any questions.</p> <p>I secured Elgin in a holding cell while I completed my paperwork. I subsequently booked Elgin into the Palm Beach County Jail where I charged her with DUI per FSS 316.193(1)(C).</p> <p>My issued body worn camera was active during my investigation.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.08)</p> <p>08/25/2021</p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BORROWS, ANDREW (1138)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>08/25/2021</p> <p>DATE</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SHARI L. O'NEAL</p> <p>Notary Public - State of Florida</p> <p>Commission # GG 972080</p> <p>My Comm. Expires Jun 25, 2024</p> <p>Bonded through National Notary Assn.</p> </div> <div style="width: 45%; text-align: center;"> <p>PAGE</p> <p>2 OF 2</p> </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED
AUG 25 2021

TESTING FACILITY TASK REPORT

AGENCY: JPD OFC. BORROWS #380
SUBJECT: ELGIN, ALINA M.
DATE: 08-25-21
CASE NUMBER: 21-099552
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 03:17 HRS
ENDING TIME: 03:36 HRS

BREATH TESTS RESULTS: 1) .188 TIME 03:29 A.M. ☒ P.M. ☐
2) .186 TIME 03:32 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐
4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CRYING, UPSET, WHINING, MOODSWINGS, ARGUMENTATIVE, UNCOOPERATIVE, SARCASTIC, INDECISIVE, SARCASTIC

CLOTHING: SHIRT-WHITE SHORTS- BLACK WASH JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY, WATERY FROM CRYING
ATTITUDE: PROFANITY, DIFFICULT, RAMBLING
STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O BORROWS #380
D WOULD NOT ANSWER BASIC QUESTIONS SUCH AS NAME AND DOB.
D WAS BEING UNCOOPERATIVE AND SARCASTIC.
A/O REQUESTED THE BREATH TEST.
D REFUSED THE REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA AND BROKE IT DOWN.
D DECIDED TO SUBMIT TO THE TEST.
AS I THE TECH WAS EXPLAINING THE BREATH TEST PROCEDURE, D DECIDED NOT TO SUBMIT AGAIN.
A/O ATTEMPTED TO READ THE I/C AGAIN, A/O TOOK IT AS A REFUSAL.
D DECIDED TO SUBMIT AGAIN, D WAS GIVEN THE OPPORTUNITY TO TAKE THE BREATH TEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE BREATH RESULTS TO THE D.
C/W READ ON CAMERA.
NO Q&A ATTEMPTED, D ASKED FOR HER ATTORNEY PRIOR.

SCANNED
AUG 25 2021

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 08/25/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 02:40

Subject's Name: ALINA M ELGIN

DOB: 07/02/1997 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		03:27
Air Blank	0.000	03:27
Control Test	0.080	03:27
Air Blank	0.000	03:28
Subject Sample #1	0.188	03:29
Air Blank	0.000	03:29
Air Blank	0.000	03:31
Subject Sample #2	0.186	03:32
Air Blank	0.000	03:32
Control Test	0.078	03:33
Air Blank	0.000	03:33
Diagnostics Check OK		03:33

Cylinder Lot: 02021080A1
Exp: 03/05/2023

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 08-25-21
Signature

Sworn to (or affirmed) before me this 25 day of August, 2021

[Signature] Signature of Notary Public-State of Florida Off. Baccows #380
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT:

Alina Elgin

CASE NUMBER:

21-002935

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

SCANNED

AUG 25 2021

WITNESS LIST

CASE NUMBER: 21-002935

ARRESTING OFFICER: Ofc. A. Borrows 380 /1138

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Officer D. Bigtree

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: Sup PC

NAME: Officer Robichaud

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Scene

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
AUG 25 2021

SUBJECT:

Alina Elgin

CASE NUMBER:

21-002935

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:

CFCABorrows380/1138

SCANNED

AUG 25 2021



**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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021021135	Date: 8/25/2021
	Specialist Name/ID: J. Beck/9007

SCANNED
AUG 25 2021