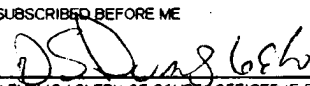
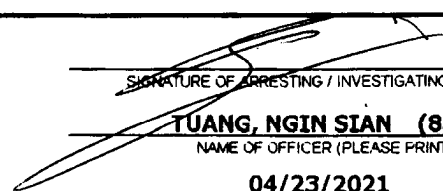


0522868 21mm 2956 247

ADVISORY		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 614 21-001783		I/Wagon Seized		Multiple Clearance Indicator		2	
Charge Type <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) HYPOLUXO RD/ INTERSTATE 95 LANTANA FL		Location of Offense (Business Name, Address) 1600 HYPOLUXO RD/ INTERSTATE 95 LANTANA FL 33462		Entry Type None/not Applicable					
Date of Arrest 04/23/2021		Time of Arrest 00:18		Booking Date 04/23/2021		Booking Time 00:28		Jail Date		Jail Time	
Name (Last, First, Middle) FLAYER, ALLY EMALINE		Alias: FLAYER, ALLY EMALINE		Date of Birth 11/22/1997		Height 5'08		Weight 140		Eye Color BLUE	
Sex F		Race W - White		Hair Color BLONDE		Complexion LIGHT		Build Medium			
Local Address (Street, Apt. Number) 404 HANNA CT. CHESTER MD 21619		(City) (MD)		(State) (MD)		(Zip) (21619)		Phone (410) 725-2086		Indication of Alcohol Influence Driver Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 404 HANNA CT. CHESTER MD 21619		(City) (MD)		(State) (MD)		(Zip) (21619)		Phone (410) 725-2086		Residence Type 1. City 3. Florida 2. County 4. Out of State	
Business Address (Name, Street) 404 HANNA CT. CHESTER MD 21619		(City) (MD)		(State) (MD)		(Zip) (21619)		Phone (410) 725-2086		Address Source VERBAL	
DL Number, State /		Sec. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) MOUNTAIN VIEW, CA		Citizenship US			
Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other [REDACTED]		Name (Last, First, Middle) [REDACTED]		Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]	
Notified by: (Name) [REDACTED]		Date [REDACTED]		Time [REDACTED]		JUVENILE DISPOSITION 1. Held/Processed within Department and Released		2. TOT JAC		3. Incarcerated	
Released To: (Name) [REDACTED]		Relationship [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 <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property [REDACTED]		Value of Property [REDACTED]			
Charge Description ASSAULT ON A LEO		Drug Activity N		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts I		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description DUI-DRIVING UNDER THE INFLUENCE		Drug Activity N		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts I		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description [REDACTED]		Drug Activity [REDACTED]		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant [REDACTED]		Any knowledge of the following: <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 checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By [REDACTED]		Released By [REDACTED]		Released 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) 200 W Atlantic Ave. DELRAY BEACH		Court Date and Time 05/18/2021 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 of Defendant (or Juvenile and Parent/Custodian) [REDACTED]		Date Signed [REDACTED]						No Photo Available	
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Access <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Transporting Officer TUANG, NGIN SIAN		Name Verification (Printed by Arrested) [REDACTED]		ID # 839		Agency LPD		PAGE 2	

DBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 21-001783				
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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:			
D E F	Name (Last, First, Middle) FLAYER, ALLY EMALINE					Race W	Sex F	Date of Birth 11/22/1997	
	Charge Description 316.193(1) DUI-DRIVING UNDER THE INFLUENCE					Charge Description 784.07(2)(A) ASSAULT ON A LEO			
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida					Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip) Business Address (Name, Street) (City) (State) (Zip)					Phone	Address Source / Occupation		
<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> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>23</u> day of <u>April</u>, <u>2021</u> at <u>01:18</u> (Specifically include facts constituting cause for arrest.)</p>									
<p>On 04/23/2021 at approximately 0023 hrs, I Ofc Tuang #839 responded to a roll over accident at the intersection of Hypoluxo Rd/ Interstate 95. Upon arrival at the Hypoluxo Rd/ Interstate 95 SB exit ramp, I observed a Honda Pilot SUV on its side, facing south and a white Mercedes sedan with a heavy damage, facing west.</p> <p>The driver of the Honda Pilot later identified as Ally Flayer (DOB 11/22/97), was standing by her vehicle visibly upset. I then observed the driver of the Mercedes Sedan, later identified as Alvin Martin (DOB 09/27/65) standing by his vehicle. Both drivers denied receiving any injury.</p> <p>I then made a contact with Flayer who advised she was going to Stuart and she was turning left to go to north on Interstate 95. She thought she had a green light and her vehicle collided with the white car. Let it be known that during this encounter, I could smell very strong odor of unknown alcohol beverage emitting from her mouth and she had bloodshot glassy eyes and slurred speech.</p> <p>I then made a contact with Martin who advised that he was traveling westbound on Hypoluxo Rd and had a green light. He then observed a Gray SUV turning left to go northbound in a Interstate 95 southbound exit ramp. Martin advised he was unable to avoid the collision. Martin positively identified Flayer as the driver of the Gray SUV.</p> <p>I then made a contact with Flayer again. I advised Flayer that based on the strong odor of unknown alcohol beverage emitting from her mouth, her bloodshot glassy eyes and slurred speech, I was going to conduct a DUI investigation on her. Flayer uttered that she only had a couple beers and that she is not impaired. Flayer agreed to submit to the SFSTs. I then started to conduct a HGN on her. However, due to extreme flashing lights from the emergency vehicles, I stopped the SFSTs.</p>									
S W O R N	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>04/23/2021</u> DATE </div> <div> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER TUANG, NGIN SIAN (839) NAME OF OFFICER (PLEASE PRINT) <u>04/23/2021</u> DATE </div> </div>								
	<div style="display: flex; justify-content: space-between;"> <div> COURT </div> <div> STATE ATTORNEY </div> <div> CENTRAL RECORDS </div> <div> JAIL </div> <div> CRIME ANALYSIS </div> <div> P.I.O. </div> </div>								

OBT 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 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 21-001783				
	Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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:				
D E F	Name (Last, First, Middle) FLAYLER, ALLY EMALINE			Race W	Sex F	Date of Birth 11/22/1997	
<p>Shortly after, I resumed the SFSTs on the Hypoluxo Rd overpass away from the extreme flashing emergency lights. Let it be known that while conducting the SFSTs, Flayler also uttered that she took a Xanax. At the conclusion of the SFSTs, it was determined that Flayler was impaired beyond her normal faculties. She was subsequently arrested for DUI at this point. Flayler was placed in handcuffs, checked for tightness and double locked. Flayler was subsequently placed in the back seat of my patrol vehicle (L24).</p> <p>As Ofc Diaz #897 and I were placing a seat belt on Flayler, Flayler spat on Ofc Diaz. Ofc Diaz was able to quickly shut the vehicle door to avoid Flayler's spit from landing her face (Please see Ofc Diaz's supplemental report). For this reason, Flayler will be charged with an assault of law enforcement officer per F.S.S 784.07(2) (A).</p> <p>Flayler was then transported to PBSO BAT. At the arrival of the PBSO BAT, Flayler was observed for 20 minutes. During this 20 minutes observation, Flayler did not drink nor regurgitate. Flayler was requested to submit to the breath test. Flayler provided 2 samples of her breath for the breath test. The first sample had a BAC of .139 and the second sample had a BAC of .137. Flayler was subsequently issued a citation for DUI per F.S.S 316.193 (1C) (Citation# AE3XQ6E). Flayler was also issued a citation for failure to yield as well (Citation# A87K1JE).</p> <p>Flayler's vehicle was removed from the scene by Joy Towing.</p>							
NOT A CERTIFIED COPY							
A D M I N I S T R A T I V E	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/23/2021 DATE </div> <div style="width: 45%;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  TUANG, NGIN SIAN (839) NAME OF OFFICER (PLEASE PRINT) 04/23/2021 DATE </div> </div>						
							PAGE 2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.O.

APR 24 2021



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

PBSO CASE # 21-058299 PBSO ZONE 1-32

AGENCY CASE # 21-001783 CRASH CASE # 21-001783

TIME OF STOP/CRASH 0023 DATE 4/23/21 DAY Friday

SUBJECT'S NAME Ally E. Flayler RACE W SEX F

HGT 508 WGT 140 lbs DOB 11/22/97

LOCATION Hypoluxo Rd. / Interstate 95 - SB Exit Ramp

ARRESTING OFFICER'S NAME & ID Tuang #839 AGENCY Lantana PD

DIVISION: Road Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0140

Arrest Time 0118

BREATH RESULTS:

1. .139
2. .137
3. N/A
4. N/A

TESTING OFFICER'S ID 19183

COPIED
APR 24 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF April 20 21, AT 0023 AM/PM
SUBJECT: Ally Flayler CASE NUMBER: 21-001783
AGENCY: Lantana PD ARRESTING OFFICER: Ofc. Tuang #839

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The defendant was involved in a vehicle accident. The driver of the V2, Alvin Martin (DOB 09/27/65) witnessed the defendant having actual physical control of the vehicle.

OBSERVATION OF DRIVER:

The defendant was visibly upset. The defendant had bloodshot glassy eyes, slurred speech and strong odor of alcohol beverages emitting from her mouth.

DRIVER'S STATEMENTS:

Once I advised the defendant that I could smell strong odors of alcohol beverage emitting from her mouth, she uttered she only had 2 beers. The defendant also uttered that she took a Xanax as well.

ODORS:

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: Upset, Angry, Calm

CLOTHING: Black shirt, blue jeans

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was read to and affirmed and subscribed before me this 23rd day of April 20 21 by Ofc. Tuang #839

(Print name of Arresting / Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)

Notary Public, Clerk of Court, Office (F.S. 17.10)



SUBJECT: Ally Flayler CASE NUMBER: 21-001783

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ✓ LT EYE-LACK OF SMOOTH PURSUIT
- ✓ RT EYE-LACK OF SMOOTH PURSUIT
- ✓ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ✓ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ✓ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ✓ RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Defendant had an orbital sway while standing.

WALK & TURN:

Can't keep balance while listening to instructions.
Stops walking to steady self
Missed heel to toe steps
Stepped off the line (Step 6)
Used arms for balance.

ONE LEG STAND:

Swayed while balancing.
Used arms to balance.
Put her foot down
Advised me that she cannot do the exercise.

FINGER TO NOSE:

Swayed while conducting the exercise.

ROMBERG / ALPHABET:

Swayed while conducting the exercise.

BREATH TEST RESULTS:

.139 and .137

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)
The foregoing instrument was notarized or sworn before me this 23rd day of April 2021 by Ofc. Tuang #839
who is personally known to me and/or produced identification. Type of identification produced Known

Notary Public, Clerk of Court, Officer F.S.S. 117-10)



APR 24 2021

WITNESS LIST

CASE NUMBER: 21-001783

ARRESTING OFFICER _____ Ofc. Tuang #839

ADDRESS _____ 901 N 8th St Lantana FL

PHONE NUMBERS (HOME) _____ 561-345-0422 (WORK) _____ 561-540-5701

CAN TESTIFY TO: _____ PC Affidavit

NAME: _____ Ofc. Diaz #897

ADDRESS _____ 901 N 8th St Lantana FL

PHONE NUMBERS (HOME) _____ (WORK) _____ 561-540-5701

CAN TESTIFY TO: _____ PC Affidavit

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: _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

APR 24 2021

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: Flayler, Ally E

CASE NUMBER: 21-058299

DATE: Apr 23, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0202

ENDING TIME: 0214

BREATH TESTS RESULTS: 1) .139 TIME 0208 A.M. ☒ P.M. ☐ 2) .137 TIME 0210 A.M. ☒ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: fidgety, cooperative

CLOTHING: blue jeans, black t-shirt, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0140 hrs

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject declined to answer questions

APR 23 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: 80-006027 Software: 8100.27
Date of Test: 04/23/2021

Date of Last Agency Inspection: 04/09/2021
Observation Period Began: 01:40
Subject's Name: ALLY E FLAYLER

DOB: 11/22/1997 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	02:06
	Air Blank	0.000	02:06
	Control Test	0.080	02:07
	Air Blank	0.000	02:07
	Subject Sample #1	0.139	02:08
	Air Blank	0.000	02:08
	Air Blank	0.000	02:10
	Subject Sample #2	0.137	02:10
	Air Blank	0.000	02:11
	Control Test	0.079	02:11
	Air Blank	0.000	02:12
	Diagnostics Check	OK	02:12

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 THOMAS H LEAHEY, 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: T. Leahey

Signature

Date: 04/23/21

Sworn to (or affirmed) before me this 23 day of April, 2021

Signature of Notary Public-State of Florida

Off N Tuang #839
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: Flaylor, Ally CASE NUMBER: 21-061783

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) _____

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) _____

SUBJECT:

Flayler, Ally

CASE NUMBER:

21-001783

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

DO YOU HAVE:

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

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

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

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

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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

REVIEW COMPLETED BY

Booking Number: 2021009828	Date: 04/24/2021
	Specialist Name/ID: C. Denzel/8691