

0313363

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Copies

3009

Juvenile ☒ N

|                  |                                                                                                                                                                                                                                                                                                                                   |                                |                                                           |                                                                                       |                                                                                                    |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADMINISTRATIVE   | OBTS Number                                                                                                                                                                                                                                                                                                                       |                                | Agency ORI Number<br><b>FLO 5 0 2 6 0 0</b>               |                                                                                       | Agency Name<br><b>PALM BEACH GARDENS POLICE DEPARTMENT</b>                                         |                                          | Agency Report Number<br><b>78 - 22001765</b>                                                                                  |                                                                                                                                                                                                       |
|                  | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other     |                                | Weapon Seized / Type<br>1. Yes<br>2. No                   |                                                                                       | Multiple Clearance Indicator                                                                       |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Location of Arrest (Including Name of Business)<br><b>LEGACY AVE/ ALT A1A, PBG, FL 33410</b>                                                                                                                                                                                                                                      |                                |                                                           |                                                                                       | Location of Offense (Business Name, Address)<br><b>ALT A1A/ CATALINA LAKES BLVD, PBG, FL 33410</b> |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Date of Arrest<br><b>04/07/2022</b>                                                                                                                                                                                                                                                                                               | Time of Arrest<br><b>00:29</b> | Booking Date                                              | Booking Time                                                                          | Jail Date                                                                                          | Jail Time                                | Location of Vehicle<br><b>KAUFF'S TOWING AND RECOVERY<br/>4701 EAST AVENUE, WPB, FL 33407</b>                                 |                                                                                                                                                                                                       |
| DEFENDANT        | Name (Last, First, Middle)<br>[REDACTED] DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                  |                                |                                                           |                                                                                       |                                                                                                    |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Race<br>W - White   - American Indian<br>B - Black 0- Oriental/Asian                                                                                                                                                                                                                                                              | Sex<br><b>W</b>                | Date of Birth                                             | Height<br><b>5'00</b>                                                                 | Weight<br><b>120</b>                                                                               | Eye Color<br><b>BRO</b>                  | Hair Color<br><b>BRO</b>                                                                                                      | Complexion<br><b>LGT</b>                                                                                                                                                                              |
|                  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                                     |                                |                                                           |                                                                                       | Marital Status<br><b>SINGLE</b>                                                                    | Religion<br><b>NOT STATED</b>            | Indication of:<br>Alcohol Influence <input checked="" type="checkbox"/><br>Drug Influence <input checked="" type="checkbox"/> |                                                                                                                                                                                                       |
|                  | Local Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                                          |                                |                                                           |                                                                                       | Phone                                                                                              |                                          | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State <input checked="" type="checkbox"/>                  |                                                                                                                                                                                                       |
| CO-DEF           | Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                                              |                                |                                                           |                                                                                       | Phone                                                                                              |                                          | Address Source<br><b>VERBAL</b>                                                                                               |                                                                                                                                                                                                       |
|                  | D/L Number, State <b>FL</b>                                                                                                                                                                                                                                                                                                       |                                |                                                           |                                                                                       | Soc. Sec. Number                                                                                   |                                          | INS Number                                                                                                                    |                                                                                                                                                                                                       |
|                  | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                           |                                |                                                           |                                                                                       | Race                                                                                               | Sex                                      | Date of Birth                                                                                                                 | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
|                  | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                           |                                |                                                           |                                                                                       | Race                                                                                               | Sex                                      | Date of Birth                                                                                                                 | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| JUVENILE         | Parent<br>Legal Custodian<br>Other:<br>Name (Last) (First) (Middle)                                                                                                                                                                                                                                                               |                                |                                                           |                                                                                       | Residence Phone                                                                                    |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                                                |                                |                                                           |                                                                                       | Business Phone                                                                                     |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Notified by: (Name)                                                                                                                                                                                                                                                                                                               |                                |                                                           |                                                                                       | Date                                                                                               | Time                                     | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>3. Incarcerated                |                                                                                                                                                                                                       |
|                  | Released To: (Name)                                                                                                                                                                                                                                                                                                               |                                |                                                           |                                                                                       | Relationship                                                                                       |                                          | Date                                                                                                                          | Time                                                                                                                                                                                                  |
| CHARGE           | The above address 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 (Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |                                |                                                           |                                                                                       |                                                                                                    |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                            |                                |                                                           |                                                                                       | Description of Property                                                                            |                                          | Value of Property                                                                                                             |                                                                                                                                                                                                       |
|                  | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                             |                                | S. Sell<br>B. Buy<br>T. Traffic                           | R. Smuggle<br>D. Deliver<br>E. Use                                                    | K. Dispense/<br>Distribute                                                                         | M. Manufacture/<br>Produce/<br>Cultivate | Z. Other                                                                                                                      |                                                                                                                                                                                                       |
|                  | Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                                                                                                                                                                                                          |                                | Counts<br><b>1</b>                                        | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number<br><b>316.193(1)(A)</b>                                                   |                                          | Violation of ORD #                                                                                                            |                                                                                                                                                                                                       |
| CHARGE           | Drug Activity<br><b>P</b>                                                                                                                                                                                                                                                                                                         |                                | Drug Type<br><b>M</b>                                     | Amount / Unit                                                                         | Offense #                                                                                          | Warrant / Copies Number                  |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Charge Description<br><b>POSSESSION OF CANNABIS UNDER 20 GR</b>                                                                                                                                                                                                                                                                   |                                | Counts<br><b>1</b>                                        | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number<br><b>893.13(6)(B)</b>                                                    |                                          | Violation of ORD #                                                                                                            |                                                                                                                                                                                                       |
|                  | Drug Activity<br><b>P</b>                                                                                                                                                                                                                                                                                                         |                                | Drug Type<br><b>P</b>                                     | Amount / Unit                                                                         | Offense #                                                                                          | Warrant / Copies Number                  |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Charge Description<br><b>POSSESSION OF DRUG PARAPHERNALIA</b>                                                                                                                                                                                                                                                                     |                                | Counts<br><b>2</b>                                        | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number<br><b>893.147(1)</b>                                                      |                                          | Violation of ORD #                                                                                                            |                                                                                                                                                                                                       |
| CHARGE           | Drug Activity<br><b>P</b>                                                                                                                                                                                                                                                                                                         |                                | Drug Type<br><b>P</b>                                     | Amount / Unit                                                                         | Offense #                                                                                          | Warrant / Copies Number                  |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Charge Description                                                                                                                                                                                                                                                                                                                |                                | Counts                                                    | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number                                                                           |                                          | Violation of ORD #                                                                                                            |                                                                                                                                                                                                       |
|                  | Drug Activity                                                                                                                                                                                                                                                                                                                     |                                | Drug Type                                                 | Amount / Unit                                                                         | Offense #                                                                                          | Warrant / Copies Number                  |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Charge Description                                                                                                                                                                                                                                                                                                                |                                | Counts                                                    | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number                                                                           |                                          | Violation of ORD #                                                                                                            |                                                                                                                                                                                                       |
| NOTICE TO APPEAR | Location (Court Room Number, Address)<br><b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>                                                                                                                                                                                    |                                |                                                           |                                                                                       |                                                                                                    |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Court Date and Time<br>Month <b>MAY</b> Day <b>11</b> Year <b>2022</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>                                                                                                                                                                       |                                |                                                           |                                                                                       |                                                                                                    |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | 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 AS REQUIRED, 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)                                                                                                                                                                                                                                                                         |                                |                                                           |                                                                                       | Date Signed<br><b>04/07/2022</b>                                                                   |                                          |                                                                                                                               |                                                                                                                                                                                                       |
| ADMIN            | HOLD for other Agency Name:                                                                                                                                                                                                                                                                                                       |                                | Signature of Arresting Officer                            |                                                                                       | Name Verification (Printed by Arresting Officer)                                                   |                                          |                                                                                                                               | PAGE<br><b>1</b> OF <b>1</b>                                                                                                                                                                          |
|                  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                                                                                                                                                                            |                                | Name of Arresting Officer (Print)<br><b>OFC. A. FLINK</b> |                                                                                       | I.D. #<br><b>514</b>                                                                               |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | Intake Deputy                                                                                                                                                                                                                                                                                                                     |                                | Transporting Officer<br><b>OFC. A. FLINK</b>              |                                                                                       | Agency<br><b>PBGPD</b>                                                                             |                                          |                                                                                                                               |                                                                                                                                                                                                       |
|                  | I.D. #                                                                                                                                                                                                                                                                                                                            |                                | Pouch #                                                   |                                                                                       | Witness here if subject signed with an "X"                                                         |                                          |                                                                                                                               |                                                                                                                                                                                                       |

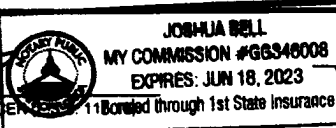
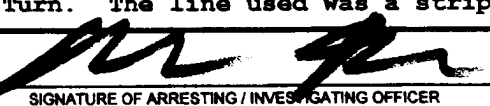
DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

| ORIS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | PROBABLE CAUSE AFFIDAVIT |                                                                                                                                                                                                          | 1. Arrest<br>2. N.T.A. |                                                                        | 3. Request for Warrant<br>4. Request for Copies |  | 1    | JUVENILE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------|-------------------------------------------------|--|------|----------|
| Agency ORI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agency Name                                 |                          | Agency Report Number                                                                                                                                                                                     |                        |                                                                        |                                                 |  |      |          |
| <b>FL FL0502600</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Palm Beach Gardens Police Department</b> |                          | <b>7   8   22-001765</b>                                                                                                                                                                                 |                        |                                                                        |                                                 |  |      |          |
| Charge Type:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                          | Special Notes:                                                                                                                                                                                           |                        |                                                                        |                                                 |  |      |          |
| Name (Last, First, Middle) _____ Alias _____ Race _____ Sex _____ Date of Birth _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                          |                                                                                                                                                                                                          |                        |                                                                        |                                                 |  |      |          |
| Charge Description<br><b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                          |                                                                                                                                                                                                          |                        | Charge Description<br><b>893.13(6)(B) POSSESS MARIJUANA UNDER 20GR</b> |                                                 |  |      |          |
| Charge Description<br><b>893.147(1) DRUGS - POSSESS DRUG PARAPHERNALIA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                          |                                                                                                                                                                                                          |                        |                                                                        |                                                 |  |      |          |
| Victim's Name (Last, First, Middle)<br><b>State Of Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                          |                                                                                                                                                                                                          |                        |                                                                        |                                                 |  | Race | Sex      |
| Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                          |                                                                                                                                                                                                          | Phone _____            |                                                                        | Address Source _____                            |  |      |          |
| Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                          |                                                                                                                                                                                                          | Phone _____            |                                                                        | 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.<br/> <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.<br/> <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>7</u> day of <u>April</u>, <u>2022</u> at <u>00:17</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 04/07/2022 at approximately 0017 hours, this Officer arrived in the area of Legacy Av and Alt A1A, PBG, FL, to assist Ofc Sheobo 524 with a traffic stop. Body worn camera and in car video were used.</p> <p>Ofc Sheobo said he stopped the vehicle, a Mini Cooper (INLW91/FL) for excessive speed, 14 MPH over the posted speed limit. This Officer noticed the driver, later identified via Florida Driver License photo, _____ (OF) was standing outside the vehicle and being very vocal with Ofc Luscavich 513 and Ofc Komara 511. _____ was also pacing back and forth and at times agruing with Officers. This Officer made contact with _____ and observed her to have slurred speech, glassy watery eyes, flushed red face and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. _____ told this Officer she was on her way home and indicated her boyfriend lived in the Legacy community. _____ denied consuming alcohol on this night.</p> <p>Based on this Officers observations, this Officer requested _____ to participate in Standardized Field Sobriety Exercises, to which she complied. _____ said she did not have any medical conditions which would affect the exercises performed.</p> <p>The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3 with an illuminated red light. This Officer observed lack of smooth pursuit in both eyes and sustained involuntary jerking in both eyes at maximum deviation. During the exercise, _____ began to argue, causing this Officer to advise her of her Taylor Warnings, to which she agreed to continue the exercises. This Officer also observed Horizontal Gaze Nystagmus in both eyes, as well as a lack of convergence in both eyes, twice.</p> <p>The second exercise conducted, was the Walk and Turn. The line used was a strip of</p> |                                             |                          |                                                                                                                                                                                                          |                        |                                                                        |                                                 |  |      |          |
| SWORN AND SUBSCRIBED BEFORE ME<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                          | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><br><b>FLINK, ANDREW S (514)</b><br>NAME OF OFFICER (PLEASE PRINT) |                        |                                                                        |                                                 |  |      |          |
| NOTARY PUBLIC / CLERK OF COURT / OFFICER # _____<br><u>04/07/2022</u><br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                          | <u>04/07/2022</u><br>DATE                                                                                                                                                                                |                        |                                                                        |                                                 |  |      |          |

COURT

STATE ATTORNEY

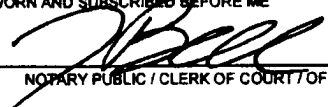
CENTRAL RECORDS

JAIL

CRIME ANALYSIS P.I.O.

APR 07 2022

PAGE  
1 of 3

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| OBS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>                                                                                                                                                                                                                                     |  | 1. Arrest<br>2. N.T.A.                                                                                                               |  | 3. Request for Warrant<br>4. Request for Capias |  | <b>1</b>              | JUVENILE |
| Agency ORI Number<br><b>FL FL0502600</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Agency Name<br><b>Palm Beach Gardens Police Department</b>                                                                                                                                                                                                                         |  | Agency Report Number<br><b>7 8 22-001765</b>                                                                                         |  |                                                 |  |                       |          |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes:                                                                                                                       |  |                                                 |  |                       |          |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Alias                                                                                                                                                                                                                                                                              |  | Race                                                                                                                                 |  | Sex                                             |  | Date of Birth         |          |
| <p>yellow tape placed upon the pavement by this Officer. While getting into the starting position, [REDACTED] said "Im not good at natural lines, no matter if Im... Nothing". During the instructions, [REDACTED] stepped out of the starting position three times and raised her arms from her sides and lost her balance. [REDACTED] also started the exercise prior to being told to do so, four times. During the first set of steps, [REDACTED] missed heel-to-toe on the final three steps. After the turnaround, [REDACTED] paused to regain balance after the first step. [REDACTED] missed heel-to-toe on steps six and eight. [REDACTED] then took 11 steps rather than nine.</p> <p>The third exercise conducted, was the One-Leg Stand. [REDACTED] again began to argue during the instructions. During the exercise [REDACTED] raised her left foot. [REDACTED] raised her arms more than six inches from her sides and swayed. As the exercise ended, [REDACTED] lost her balance. [REDACTED] also did not count aloud, despite being told three times to do so.</p> <p>Based on this Officers observations and the totality of the circumstances, [REDACTED] was placed under arrest at 0029 hours. During a tow inventory of the vehicle, this Officer discovered contraband. In the glove compartment, this Officer located a white plastic container which contained a green leafy substance. The substance had the distinct odor of fresh Cannabis. The substance later field tested positive as same and had a raw weight of under one gram. Also next to the container was a "grinder" with a similar green leafy substance contained within. The last item of contraband discovered, was a glass pipe, with a burnt residue which had the distinct odor of burnt Cannabis. This pipe was located in the center console directly next to where [REDACTED] was sitting. Ofc Komara mentioned to this Officer that he watched [REDACTED] open the glove box and quickly close it when she saw the items contained in it, during the initial traffic stop.</p> <p>This Officer did check the Florida Medical Marijuana Registry and noted that [REDACTED] is not a patient.</p> <p>At PBSO BAT, [REDACTED] continued displaying rapid and extreme mood swings. [REDACTED] would go from quiet and compliant, to arguing and yelling for no apparent reason. [REDACTED] also went through spells of being upset then angry. This Officer requested [REDACTED] to provide a breath sample for the purpose of determining its alcohol content, to which she refused. This Officer read Florida Implied Consent to [REDACTED] to which she acknowledged and again refused at 0130 hours.</p> <p>Based on the results of the investigation, this Officer has probable cause to prove [REDACTED] operated a motor vehicle, in the state of Florida while under the influence to the extent her normal faculties were impaired, in violation of FSS 316.193(1)(A). [REDACTED] was also in possession of a banned substance in violation of FSS 893.13(6)(B). Lastly, [REDACTED] was in possession of items directly attributed to</p> |  |                                                                                                                                                                                                                                                                                    |  |                                                                                                                                      |  |                                                 |  |                       |          |
| SWORN AND SUBSCRIBED BEFORE ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <br>JOSHUA BELL<br>MY COMMISSION #GG346008<br>EXPIRES: JUN 18, 2023<br>Bonded through 1st State Insurance                                                                                       |  | <br>SIGNATURE OF ARRESTING INVESTIGATING OFFICER |  |                                                 |  |                       |          |
| <br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>FLINK, ANDREW S (514)</b><br>NAME OF OFFICER (PLEASE PRINT)                                                                                                                                                                                                                     |  |                                                                                                                                      |  |                                                 |  |                       |          |
| <b>04/07/2022</b><br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>04/07/2022</b><br>DATE                                                                                                                                                                                                                                                          |  |                                                                                                                                      |  |                                                 |  | PAGE<br><b>2 OF 3</b> |          |

COURT

STATE ATTORNEY

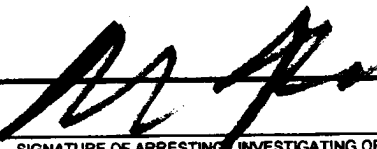
CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

APR 07 2022

|                                                                                                                    |                                                                                                                                                                                |                                                |                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                          |                       |               |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| OETS Number                                                                                                        |                                                                                                                                                                                | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b> |                                                                                                                                                                                                                                                                                    | 1. Arrest<br>2. N.T.A. | 3. Request for Warrant<br>4. Request for Copies                                                                                                                                                          | <b>1</b>              | JUVENILE      |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                 | Agency ORI Number<br><b>FL FL0502600</b>                                                                                                                                       |                                                | Agency Name<br><b>Palm Beach Gardens Police Department</b>                                                                                                                                                                                                                         |                        | Agency Report Number<br><b>7 8 22-001765</b>                                                                                                                                                             |                       |               |
|                                                                                                                    | Charge Type:<br>Check as many as apply.                                                                                                                                        |                                                | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                        | Special Notes:                                                                                                                                                                                           |                       |               |
| P<br>R<br>O<br>B<br>A<br>B<br>L<br>E<br><br>C<br>A<br>U<br>S<br>E<br><br>S<br>T<br>A<br>T<br>E<br>M<br>E<br>N<br>T | Name (Last, First, Middle)                                                                                                                                                     |                                                | Alias                                                                                                                                                                                                                                                                              |                        | Race                                                                                                                                                                                                     | Sex                   | Date of Birth |
|                                                                                                                    | <p>use of illicit narcotics, in violation of FSS 893.147(1).</p>                                                                                                               |                                                |                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                          |                       |               |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                 | SWORN AND SUBSCRIBED BEFORE ME                                                                                                                                                 |                                                |  JOSHUA BELL<br>MY COMMISSION #GG348008<br>EXPIRES: JUN 18, 2023<br>Notary Public / Clerk of Court / Officer, State of Florida                                                                  |                        | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><b>FLINK, ANDREW S (514)</b><br>NAME OF OFFICER (PLEASE PRINT) |                       |               |
|                                                                                                                    | <br>NOTARY PUBLIC / CLERK OF COURT / OFFICER, State of Florida<br><b>04/07/2022</b><br>DATE |                                                | <b>04/07/2022</b><br>DATE                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                          |                       |               |
|                                                                                                                    |                                                                                                                                                                                |                                                |                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                          | PAGE<br><b>3 of 3</b> |               |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

APR 07 2022

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**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 22-054306 PBSO Zone: 3-13

Agency Case #: 22001765 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 2352 Date of Incident: 04/06/2022 Day: WED

Location of Incident: ALT A1A/ CATALINA LAKES BLVD, PBG, FL 33410

**Arrest Information:**

Time of Arrest: 00:29 Date of Arrest: 04/07/2022 Day: THUR

Location of Arrest: LEGACY AVE/ ALT A1A, PBG, FL 33410

Subject's Name: (L) \_\_\_\_\_, (F) \_\_\_\_\_, (M) \_\_\_\_\_

DOB: \_\_\_\_\_ Race: W Sex: F Height: 5'00 Weight: 120 Hair BRO Eye BRO

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Arresting Officer's Name: OFC. A.FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) **REFUSED** hrs.  
2) \_\_\_\_\_ at \_\_\_\_\_ hrs.  
3) \_\_\_\_\_ at \_\_\_\_\_ hrs.  
4) \_\_\_\_\_ at \_\_\_\_\_ hrs.

**---BAT Use---**

BAT Notified: YES  
Arrival Time at BAT: 0107  
Subject Arrest Time: 00:29

Breath Test Operator: BELL, JOSH 8656  
PBSO

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APR 07 2022

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: [REDACTED] CASE NUMBER: 22-054306

DATE: Apr 7, 2022 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0128 ENDING TIME: 0131

**REFUSED**

BREATH TESTS RESULTS: 1) R TIME 0130 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐  
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: MAKING JOKES, EMOTIONAL, ARGUMENTATIVE

CLOTHING: BLUE TEE SHIRT, BLACK LEGGINGS, NO SHOE

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY

## COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0107 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C

SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0130 HOURS

SUBJECT ASKED FOR A LAWYER

A/O DID NOT READ RIGHTS

Q AND A NOT CONDUCTED

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APR 07 2022

**REFUSED**

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

I, **OFC. A.FLINK**, a duly certified Law Enforcement Officer or Correctional Officer,  
 (Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear  
 (Name of law enforcement agency)

or affirm that on or about the **7TH** day of **APRIL**, 20 **22**, at **00:29** ☐ P.M. ☒ A.M.

DRIVER **[REDACTED]**  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **[REDACTED]**, state of **FL**, was placed under lawful arrest for

the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. A.FLINK** and  
 (Name of Arresting Officer)

issued Citation # **AECRRFE**

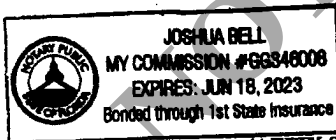
That on or about the **7TH** day of **APRIL**, 20 **22**, at **0130** ☐ P.M. ☒ A.M.

in **PALM BEACH** County,

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

**[Signature]**  
 Signature of Law Enforcement Officer or  
 Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
 me this **7TH** day of **APRIL**, 20 **22**,  
 by **OFC. A.FLINK**,

who is personally known to me or who has produced

**[Signature]** as identification  
 Notary Public

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date **04/07/2022**

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.

**SCANNED**

APR 07 2022

SUBJECT

CASE NUMBER:

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am CH FINE of the FLGPT

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.

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APR 07 2022

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

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

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

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

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:      EPILEPSY? \_\_\_\_\_  
                         GLASS EYE? \_\_\_\_\_  
                         FALSE TEETH? \_\_\_\_\_  
                         EAR INFECTION? \_\_\_\_\_  
                         INNER EAR TROUBLE? \_\_\_\_\_  
                         DIABETES? \_\_\_\_\_

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

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

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

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

APR 07 2022



**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),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
|                                                             | <input checked="" 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.                                            | 1-11           |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

REVIEW COMPLETED BY

|                            |                                           |
|----------------------------|-------------------------------------------|
| Booking Number: 2022009006 | Date: 4/7/2022                            |
|                            | Specialist Name/ID: Chantel Daniels/30347 |

SCANNED

APR 07 2022