

0530003

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

1

Juvenile N

3098

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-22-044196		
	Charge Type: Check as many as apply.		1. Felony ☐ 2. Traffic Felony ☐		3. Misdemeanor ☐ 4. Traffic Misdemeanor ☒		5. Ordinance ☐ 6. Other ☐		
	Location of Arrest (Including Name of Business) Okeechobee Blvd/Folsum Rd, Loxahatchee FL		Location of Offense (Business Name, Address) Okeechobee Blvd/D Rd, Loxahatchee FL		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator		
	Date of Arrest 03/09/2022	Time of Arrest 0002	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Panther Tow		
DEFENDANT	Name (Last, First, Middle) Dickson, Bernadette, Lynn								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W F	Date of Birth 5/16/1984	Height 5'07	Weight 148	Eye Color Blue	Hair Color Blonde	Complexion Med
	Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) left hip, left foot		Marital Status Married	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence		
	Local Address (Street, Apt. Number) 820 Millbrae Ct Unit 6, West Palm Beach, FL 33401		(City)	(State)	(Zip)	Phone (407) 551 9783	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source Defendant		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Manager		
	D/L Number, State D250072846760, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Stuart, FL		
	Citizenship US		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile		
JUVENILE	Parent Legal Custodian Other:		Name (Last)		(First)	(Middle)	Residence Phone		
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone			
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		1		
	Released To: (Name)		Relationship		Date	Time			
	The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)		School Attended		Grade				
	Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property				
	Drug Activity N. Possess S. Sell R. Smuggle D. Deliver T. Traffic E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		
	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/Equipment S. Synthetics		
	U. Unknown Z. Other								
	CHARGE	Charge Description Driving Under the Influence		Counts 1	Domestic Violence ☐ Y ☒ N	Statute Violation Number 316.193(1)A		Violation of ORD #	
Drug Activity N		Drug Type N	Amount / Unit	Offense # 22-044196	Warrant / Capias Number		Bond		
Charge Description Refusal to sign/accept summons		Counts 1	Domestic Violence ☐ Y ☒ N	Statute Violation Number 318.14(3)		Violation of ORD #			
Drug Activity a		Drug Type a	Amount / Unit	Offense # 22-044196	Warrant / Capias Number		Bond		
CHARGE	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
CHARGE	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600								
	Court Date and Time Month 4 Day 7 Year 2022 Time 8:30 AM ☒ PM								
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. Refused 03/09/2022								
	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed				
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)				
	☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:		Name of Arresting Officer (Print) A. Soloway #8586		I.D. # 8586		(PRINT) MAR 9 AM 2:51		
	Inmate Deputy Dung I.D. #		Pouch #		Transporting Officer A. Soloway		ID # 8586 Agency PBSO		
	Witness here if subject signed with an "X"		1		PAGE				

SCANNED

MAR 09 2022

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N T A 3 Request for Warrant 4 Request for Copies		1	Juvenile
ADMIN	OBTS Number			Agency ORI Number		Agency Name	
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22-044196		
CHARGES / DEF	Charge Type: Check as many as apply.	☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes: Supplemental Probable Cause			
	Name (Last, First, Middle)	Dickson, Bernadette, Lynn		Alias	Race W	Sex F	Date of Birth 05/16/1984
VICTIM	Charge Description	DUI		316.193			
	Charge Description			Charge Description			
VICTIM	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source	
PROBABLE CAUSE STATEMENT	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation	
	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. The Person taken into custody ☐ committed the below acts in my presence ☐ confessed to _____ admitting to the below facts ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts ☐ was found to have committed the below acts, resulting from my (described) investigation On the <u>8th</u> day of <u>March</u> 20<u>22</u> at <u>10:30</u> ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.) On March 8th, 2022 at approximately 10:30 PM I was in service in Palm Beach County performing routine Uniformed Patrol when I observed a grey vehicle traveling eastbound on Okeechobee Boulevard near D Road driving erratically. The vehicle bearing Florida tag JGWZ04 was slowing down to about 10 miles an hour and then speed up to speeds of 50 miles an hour. The vehicle did this approximately 3 times. The vehicle then drove onto the westbound lanes and travelled approximately 100 feet. The vehicle was driving in an erratic manner for approximately 1.5 to 2 miles. I proceeded to conduct a traffic stop as I was concerned for the safety of the driver. I approached the vehicle and immediately I could smell the odor of an unknown alcoholic beverage emitting from the vehicle. The driver was later identified as Bernadette Dickson. When I asked for her license, registration and insurance Bernadette slurred her speech and fumbled her papers. Even after handing me her license she asked me again if I needed her license. I asked her to step out of the vehicle to determine if she was ok to drive I observed she had unsteady gait, slurred speech and an odor of an unknown alcoholic beverage emitting from her person. At this time due to the indicators observed I requested a DUI unit to further conduct an investigation to determine whether or not Bernadette was under the influence of alcohol and or drugs.						
STATE OF FLORIDA COUNTY OF PALM BEACH _____ (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this <u>9</u> day of <u>March</u> 20<u>22</u> by <u>Carlos Agüero</u> <u>Kash LEO</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ Notary Public, Clerk of Court, Officer (F.S. 117.10) _____ (Signature) PAGE 1 OF 1							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF March 20 22, AT 2252 AM PM

SUBJECT: Dickson, Bernadette, Lynn CASE NUMBER: 22-044196

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway #8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist DS C. Aguero # with a possible impaired driver. Upon my arrival he advised me:

On March 8th, 2022 at approximately 10:30 PM I was in service in Palm Beach County performing routine Uniformed Patrol when I observed a grey vehicle traveling eastbound on Okeechobee Boulevard near D Road driving erratically. The vehicle bearing Florida tag JGWZ04 was slowing down to about 10 miles an hour and then speed up to speeds of 50 miles an hour. The vehicle did this approximately 3 times. The vehicle then drove onto the westbound lanes and travelled approximately 100 feet. The vehicle was driving in an erratic manner for approximately 1.5 to 2 miles. I proceeded to conduct a traffic stop as I was concerned for the safety of the driver. I approached the vehicle and immediately I could smell the odor of an unknown alcoholic beverage emitting from the vehicle. The driver was later identified as Bernadette Dickson. When I asked for her license, registration and insurance Bernadette slurred her speech and fumbled her papers. Even after handing me her license she asked me again if I needed her license. I asked her to step out of the vehicle to determine if she was ok to drive I observed she had unsteady gait, slurred speech and an odor of an unknown alcoholic beverage emitting from her person.

OBSERVATION OF DRIVER:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke. The defendant's eyes were red and glassy. Her speech was slurred. She was swaying while standing. She displayed mood swings. She was argumentative and demanding. She was apologetic.

DRIVER'S STATEMENTS:

The defendant stated she was coming from a relative's house and heading home. She stated she has ADHD and Adderal. She denied having any other medical conditions or physical abnormalities. She denied using any illegal drugs or consuming any alcohol today. She stated "I will park my car" and her husband would take her home. She stated the current time was approximately 10:45, it was actually 11:30.

ODORS:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: slurre

ATTITUDE: argumentative, demanding

CLOTHING: long shirt, long pants, slides

MEDICAL/OTHER: stated ADHS

STATE OF FLORIDA
COUNTY OF PALM BEACH

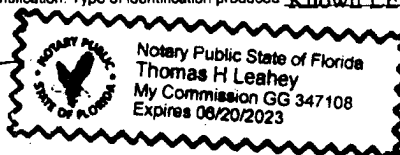
A. Soloway #8586
signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of March 20 22 by A. Soloway #8586

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

Thomas Leahey (#19183)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



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MAR 09 2022

SUBJECT: Dickson, Bernadette, Lynn

CASE NUMBER 22-044196

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

The defendant moved her head several times. She was swaying.

WALK & TURN:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. She used her arms for balance. She missed heel to toe multiple times. She stopped after the first pass and asked "want me to turn around". I advised her to follow the instructions. She then said she was "not sure" what to do. She questioned why she should perform roadsides. I advised her:

If you fail to submit to the roadside tasks I am requesting, it can be used against you in court. If you fail to submit to the roadside tasks I am requesting, I will be forced to conclude my investigation and base my decision as to your impairment solely on the facts at hand. She agreed to continue the tasks.

ONE LEG STAND:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. She used her arms for balance. She began the task and did not start counting. She then began counting but not by 1000's as instructed. She was swaying. She put her foot down before 30 seconds elapsed. She did not attempt to continue the task.

FINGER TO NOSE:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. She touched her eye on all attempts. She was swaying during the task.

ROMBERG ALPHABET:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. She correctly recited the alphabet.

BREATH TEST RESULTS: 1) Refused 2) Refused 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway #8586

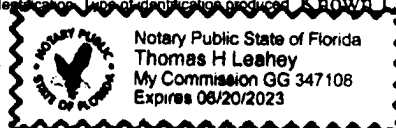
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of March 2022 by A. Soloway #8586

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

Thomas Leahey (#19183)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



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MAR 09 2022

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

I, **Investigator LE ALAN SOLOWAY**, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of **Palm Beach County Sheriffs Office**, and I do swear
(Name of enforcement agency)
or affirm that on or about the **NINTH** day of **March**, **2022**, at **12:02 AM**
DRIVER **BERNADETTE LYNN DICKSON**,
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # **D250072846760**, state of **FL**, was placed under lawful arrest for
the offense of **DUI** by **Investigator LE ALAN SOLOWAY** and
(Name of Arresting Officer)
issued Citation # _____.

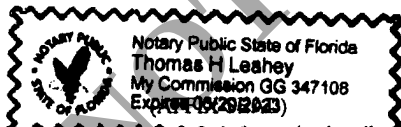
That on or about the **NINTH** day of **March**, **2022**, at **1:48 AM**
in **Palm Beach** County,

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

Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:



The foregoing instrument was sworn and subscribed before
me this **09** day of **March**, 20**22**
by **Inv Asolway #8586**
who is personally known to me or who has produced
Kuan as identification.
Notary Public **T. Leashey**

Signature of Attesting Officer

Title _____

Date _____

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

SCANNED

MAR 09 2022



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

PBSO CASE # 22-044196 PBSO ZONE 17-11

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2252 DATE 03/08/2022 DAY Tuesday

SUBJECT'S NAME Dickson, Bernadette, Lynn RACE W SEX F

HGT 5'07 WGT 148 DOB 5/16/1984

LOCATION Okeechobee Blvd/Folsum Rd, Loxahatchee FL

ARRESTING OFFICER'S NAME & ID A. Soloway #8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0024

ARREST TIME 0002

BREATH RESULTS:

REFUSED

2)

3)

4)

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # _____

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MAR 09 2022

WITNESS LIST

CASE NUMBER: 22-044196

ARRESTING OFFICER: A. Soloway #8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Aguero #31315

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: stopping DS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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MAR 09 2022

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Dickson, Bernadette L

CASE NUMBER: 22-044196

DATE: Mar 9, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0047

ENDING TIME: 0048

BREATH TESTS RESULTS: 1) R TIME 0048 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: talkative, repetitive, sleeping

CLOTHING: black pants, gray sweatshirt, floral slip ons

MEDICAL CONDITIONS: ADHD

MEDICATIONS: Adderol

OTHER:

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

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0024 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O called refusal @ 0048

A/O did not read rights due to subject invoking right to counsel

A/O did not attempt Q&A

subject invoked right to counsel

REFUSED

SCANNED

MAR 09 2022

SUBJECT: Dickson, Bernadette L CASE NUMBER: 22-044196

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

MAR 09 2022

SUBJECT: Dickson, Bernade He L

CASE NUMBER: 22 044196

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

SCANNED

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

MAR 09 2022

SUBJECT: Debra L. ...

CASE NUMBER: 1019976

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

SCANNED

MAR 09 2022
GOLD - JAIL

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022006251	Date: 03/09/2022
	Specialist Name/ID: T Howard/7185

SCANNED

MAR 09 2022