

OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 21-002733</b>		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias <b>1</b>		JUVENILE	
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: <b>UNARMED</b>		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) <b>S ALT AIA/DONALD ROSS RD</b>						Location of Offense (Business Name, Address) <b>5499 S ALT AIA/DONALD ROSS RD, JUPITER, FL 33477</b>					
Date of Arrest <b>08/09/2021</b>		Time of Arrest <b>02:18</b>		Booking Date <b>08/09/2021</b>		Booking Time <b>02:28</b>		Jail Date		Jail Time	
Name (Last, First, Middle) <b>HOCKMAN, BRIANNA LYNN</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>10/06/1998</b>		Height <b>5'04</b>		Weight <b>180</b>		Eye Color <b>BLUE</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>		Religion		Complexion <b>LIGHT</b>		Build <b>Large</b>		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1795 REDBANK RD, NORTH PALM BEACH, FL 33408</b>		(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33408</b>		Phone <b>(561) 502-0382</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number) <b>1795 REDBANK RD, NORTH PALM BEACH, FL 33408</b>		(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33408</b>		Phone <b>(561) 502-0382</b>		Address Source <b>DL/VERBAL</b>	
Business Address (Name, Street) <b>BLUE POINT GRILL,</b>		(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33408</b>		Phone <b>(561) 401-5850</b>		Occupation <b>Server</b>	
D/L Number, State <b>H255072988660 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>TALLAHASSEE, FL</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		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 Department and Released 2. TOT JAC 3. Incarcerated					
Released To: (Name)		Relationship		Date		Time					
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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. Synthetic		U. Unknown Z. Other			
Charge Description <b>DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>		Statute Violation Number <b>316.193(4)</b>		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense # <b>21-002733</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To			
Transported By		Date Transported		Time Transported		Other					
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>09/15/2021 08:30:00</b>		No Photo Available					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed							
HOLD for Other Agency		Signature of Arresting Officer <b>388</b>		Name Verification (Printed by Agent) <b>8:05</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>							
Intake Officer <b>D. M. G. J.</b>		Pouch #		Transporting Officer <b>S. MCGILLICUDDY</b>		I.D. # <b>388</b>		Agency <b>JUPITE</b>		Witness here if subject signs only an "X"	

# PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBT Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 21-002733</b>	
Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>HOCKMAN, BRIANNA LYNN</b>		Race <b>W</b>	Sex <b>F</b>
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Date of Birth <b>10/06/1998</b>			
Charge Description <b>316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>		Charge Description		Charge Description		Charge Description	
Victim's Name (Last, First, Middle) <b>State of Florida</b>		Place		Sex		Date of Birth	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Residence Address (Name, Street)		(City)		(State)		(Zip)	

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. ☐ was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

☐ confessed to \_\_\_\_\_ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 9 day of August, 2021 at 01:36 (Specifically include facts constituting cause for arrest)

On 8/9/2021 at approximately 0136 hrs, Northcom dispatch received an anonymous phone call in reference to a possible traffic crash that had just occurred. Details of the call stated that a red mid-sized vehicle struck a sign in the median and continued southbound on S Alternate A1A. I searched S Alternate A1A southbound all the way to Donald Ross Road and only passed one red vehicle. At Donald Ross Road and S Alternate A1A I observed that the red vehicle, a Toyota bearing FL tag QMG-U25 (VEHICLE-1), had sustained heavy front end damage and was dragging a large piece of the bumper underneath the front of the vehicle, making it unsafe for operation on a public roadway.

I conducted a traffic stop on the vehicle and made contact with the driver, now identified as Brianna Hockman (DEFENDANT). During my contact with Hockman I detected a strong odor of unknown alcoholic beverage emitting from the interior of the vehicle, which intensified as Hockman spoke to me. Her eyes were bloodshot red and glassy. She spoke with slurred speech. I asked Hockman what she hit and she stated, "a pole". I asked her if this occurred on Indiantown road and she nodded in the affirmative. I asked her why she didn't stop and she stated that she got out but didn't see anyone around so she left the area. She stated that she hit the pole at approximately fifty miles per hour.

I had multiple units respond to the area of E Indiantown Road and Alternate A1A in order to locate the possible crash scene, but officers were met with negative results. While I was waiting on communication from those officers, Hockman advised me that she struck a pole west of the railroad tracks. I had officers check that area as well, which was also met with negative results. As a result, I had no evidence other than Hockman's word that a crash had occurred somewhere near Jupiter PD jurisdiction. As a result, I did not have to conduct a crash investigation.

I asked Hockman how much she had to drink and she stated "two Corona's and a margarita". She stated her last drink was when she left her job about twenty minutes ago. She

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 112.05)

08/09/2021  
DATE

Notary Public State of Florida  
Paris Pound  
My Commission GG 200028  
Expires 03/25/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**MC GILICUDDY, STEVEN (1216)**  
NAME OF OFFICER (PLEASE PRINT)

08/09/2021  
DATE

PAGE  
1 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBS Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE	
ADMINISTRATIVE	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 21-002733</b>					
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:				
Name (Last, First, Middle) <b>HOCKMAN, BRIANNA LYNN</b>								Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/06/1998</b>
<p>stated that she did not eat recently. I asked her on a scale from 1-10 of impairment where she would put herself. She stated she was a "4". I asked for Hockman to participate in field sobriety exercises and she consented. The following are the results of the exercises.</p> <p><b>HORIZONTAL GAZE NYSTAGMUS (HGN)</b></p> <ul style="list-style-type: none"> <li>- No resting nystagmus in either eye</li> <li>- Equal tracking and pupil size</li> <li>- Lack of smooth pursuit in both eyes</li> <li>- Distinct and sustained nystagmus at maximum deviation in both eyes</li> <li>- Onset of nystagmus prior to forty-five degrees in both eyes. I estimated the angle of onset to be thirty-five degrees.</li> <li>- No vertical nystagmus in either eye</li> <li>- 6 of 6 clues</li> </ul> <p><b>WALK AND TURN</b></p> <ul style="list-style-type: none"> <li>- Lost balance in starting position</li> <li>- Missed heel to toe on every step</li> <li>- Stepped off line numerous times</li> <li>- Stopped while walking</li> <li>- Used arms for balance</li> <li>- Improper turn</li> <li>- 6 of 8 clues</li> </ul> <p><b>ONE LEG STAND</b></p> <ul style="list-style-type: none"> <li>- Swayed</li> <li>- Put foot down</li> <li>- Used arms for balance</li> <li>- 3 of 4 clues</li> </ul> <p><b>FINGER TO NOSE</b></p> <ul style="list-style-type: none"> <li>1L - Pad to left nostril</li> <li>2R - Pad to tip</li> <li>3L - Pad to above tip</li> <li>4R - Pad to tip</li> <li>5R - Pad to tip</li> <li>6L - Pad to right nostril</li> <li>- Eyelid tremors</li> </ul> <p><b>RHOMBERG ALPHABET (B TO X)</b> B C D ... E F G H I J K L M N O P Q R X T U V W X Y Z</p> <p>Based on my investigation, observations and the totality of the circumstances I had</p>										
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">             NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 90.11)  <b>08/09/2021</b>            DATE         </div> <div style="width: 20%; text-align: center;"> </div> <div style="width: 35%;">           Notary Public State of FLORIDA            Paris Pound            My Commission GG 21100111            Expires 03/25/2022  <b>MOGILL, STEVEN (1216)</b>            NAME OF OFFICER (PLEASE PRINT)  <b>08/09/2021</b>            DATE         </div> </div>										
								PAGE <b>2 OF 3</b>		

# PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 21-002733</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Name (Last, First, Middle) <b>HOCKMAN, BRIANNA LYNN</b>					Race <b>W</b>	Sex <b>F</b>
					Date of Birth <b>10/06/1998</b>	

probable cause to believe that Hockman was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that her normal faculties were impaired, contrary to F.S.S. 316.193. I placed her under arrest at 0218 hrs. I then transported Hockman to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 0300 hrs. I conducted a twenty minute observation period during which I did not observe Hockman consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #24639) and I requested that Hockman submit to a breath test. She agreed and provided samples of .158 BrAC and .156 BrAC. I then read Hockman her Miranda rights from a prepared card. Post-Miranda she admitted to drinking a Margarita and some beer. I then placed her into a holding cell while I finished her paperwork. I then booked her into the county jail. VEHICLE-1 was towed from the scene by North County Towing.

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICE (F.S.S. 100.10)		<b>MCILICUDDY, STEVEN (1216)</b>
	DATE <b>08/09/2021</b>		NAME OF OFFICER (PLEASE PRINT) <b>08/09/2021</b>
			DATE

PAGE <b>3 of 3</b>
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COURT

STATE ATTORNEY

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P.I.O.



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

PBSO CASE # 21-094089 PBSO ZONE 3-15

AGENCY CASE # 21-002733 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0136 DATE 08/09/2021 DAY MONDAY

SUBJECT'S NAME HOCKMAN BRIANNA L RACE W SEX F  
LAST FIRST MID

HGT 5'7 WGT 180 DOB 10/6/98

LOCATION S ALT A1A/DONALD ROSS RD, JUPITER, FL

ARRESTING OFFICER'S NAME & ID S. MCGILICUDY 388 AGENCY JUPITER PD

DIVISION: RP - TRF

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0300

ARREST TIME 0218

BREATH RESULTS:

1)	.158
2)	.156
3)	N/A
4)	N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

SUBJECT: Michael J. Brown 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 \_\_\_\_\_ 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) \_\_\_\_\_

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

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: HOCKMAN, BRIANNA L

CASE NUMBER: 21-094089

DATE: Aug 9, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:23

ENDING TIME: 03:34

BREATH TESTS RESULTS: 1) .158 TIME 03:27 A.M. ☒ P.M. ☐ 2) .156 TIME 03:30 A.M. ☒ P.M. ☐  
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW

ATTITUDE: UPSET, CALM, TALKATIVE, CRYING

CLOTHING: WHITE SHORTS, BLACK / WHITE TANK TOP, WHITE SNEAKERS

MEDICAL CONDITIONS: HEART PROBLEMS

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:00 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS



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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 08/09/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 03:00

Subject's Name: BRIANNA L HOCKMAN

DOB: 10/06/1998 Sex: F

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

Results:	Test	g/21CL	Time
	Diagnostics Check	OK	03:25
	Air Blank	0.000	03:26
	Control Test	0.080	03:26
	Air Blank	0.000	03:26
	Subject Sample #1	0.158	03:27
	Air Blank	0.000	03:28
	Air Blank	0.000	03:29
	Subject Sample #2	0.156	03:30
	Air Blank	0.000	03:31
	Control Test	0.079	03:31
	Air Blank	0.000	03:31
	Diagnostics Check	OK	03:32

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

State of Florida, County of PALM BEACH,

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

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

Breath Test Operator: \_\_\_\_\_

Signature

Date: 08/09/21

Sworn to (or affirmed) before me this 9<sup>th</sup> day of August, 2021

Signature of Notary Public-State of Florida

OFF. S. MCGILLUCUDY  
Printed Name of Notary Public-State of Florida

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



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

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

**REVIEW COMPLETED BY**

**Booking Number:** 2021019683

**Date:** 8/9/2021

**Specialist Name/ID:** M.Meek/33849