

21CT-3635

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21042822		
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes N/A 2. No		Multiple Clearance Indicator 01		
	Location of Arrest (Including Name of Business) NORTHLAKE BLVD/ MILITARY TRAIL PALM BEACH GARDENS, FL, 33410				Location of Offense (Business Name, Address) NORTHLAKE BLVD/ MILITARY TRAIL, PALM BEACH GARDENS, FL, 33410				
DEFENDANT	Date of Arrest 03/08/2021	Time of Arrest 00:18	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle EAST COAST TOWING		
	Name (Last, First, Middle) EDWARDS, CAROLINE, MARIE				Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 9/7/1998	Height 5'11	Weight 150	Eye Color BRN	Hair Color BLONDE	Complexion MED	Build MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Religion	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 801 HARBOUR POINTE WAY, GREENACRES, FL, 33413				Phone (850) 7283942		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source FL DL		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation SALON TECH		
	DL Number, State E363113988270, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) LAKE WORTH, FL		Citizenship YES
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Name (Last) (First) (Middle)		Residence Phone		
	Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone		
	Notified by: (Name)				Date	Time	Juvenile Disposition 1. Released/processed within Dept. and Released 2. TOT HRS / DYS 3. Incarcerated		
	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 355-2528) informed of any change of address.				School Attended		Grade		
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		
					Value of Property				
	Drug Activity N. N/A B. Buy P. Possess S. Sell T. Traffic R. Smuggle D. Deliver 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/Opior. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other		Statute Violation Number 316.193(1A)		
	Charge Description BUI				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Violation of ORD #		
	Drug Activity Drug Type Amount Unit N N				Offense # 21042822	Warrant / Copies Number		Bond	
NOTICE TO APPEAR	Charge Description				Counts	Domestic Violence	Statute Violation Number		
	Drug Activity Drug Type Amount Unit				Offense #	Warrant / Copies Number		Bond	
	Charge Description				Counts	Domestic Violence	Statute Violation Number		
	Drug Activity Drug Type Amount Unit				Offense #	Warrant / Copies Number		Bond	
	Charge Description				Counts	Domestic Violence	Statute Violation Number		
	Drug Activity Drug Type Amount Unit				Offense #	Warrant / Copies Number		Bond	
	Charge Description				Counts	Domestic Violence	Statute Violation Number		
	Drug Activity Drug Type Amount Unit				Offense #	Warrant / Copies Number		Bond	
	Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406								
	Court Date and Time Month 4 Day 1 Year 2021 Time 0830 AM X 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.				Signature of Defendant (or Juvenile and Parent /Custodian) 03/08/2021					
HOLD for other Agency Name:				Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) INV G. LYNCH 8568 I.D. # 8568		(PRINT)			
Intake Deputy DUNN 680 I.D. # 680 Pouch #				Transporting Officer INV G. LYNCH 8568 I.D. # 8568 Agency PBSO		Witness here if subject signed with an "X"			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. ONLY)

JH 0521878

PH 114 SCANNED MAR . 8 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF MAR 20 21, AT 00:07 AM PM

SUBJECT: EDWARDS, CAROLINE, MARIE CASE NUMBER: 21042822

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

PERSONAL CONTACT

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

On 3/8/21 while on routine patrol I observed a silver Hyundai Sonata, bearing FL tag GTHQ75, on Holly Dr. at Military Trail. The car was stopped, facing west, past the stop bar, partly in the intersection. The car turned southbound onto Military Trail, making a wide turn, almost running onto the sidewalk. The car continued southbound, weaving in and out of the lane of travel, crossing over the lane marker line several times. The car came to a red light at Northlake Blvd, and got into the outside left turn lane. The car again came to a stop past the stop bar, and crosswalk, stopping in the intersection.

OBSERVATION OF DRIVER:

I conducted a traffic stop for the infractions and made contact with the driver, Caroline Edwards. I immediately observed a strong odor of an unknown alcoholic beverage coming from the car. Caroline's eyes were bloodshot and glassy. Caroline's movements were uncoordinated and she fumbled with her paperwork, dropping her registration. While speaking Caroline's speech was slurred. Caroline advised that she was coming from Green Acres and was also heading home to Green Acres. Caroline then advised that she was at a friend's house where she had a couple of drinks approximately 1 hour prior. I asked Caroline if she knew where she was at currently and she stated she was on PGA. I had Caroline exit the car and stand in front of my patrol car. I observed an odor of an unknown alcoholic beverage coming from Caroline's breath, which got stronger when she spoke. Caroline exhibited a sway while standing still. Based on my observations and Caroline's admission to drinking I asked her to perform standard field sobriety tasks, which she refused. I advised Caroline of Taylor warnings, which she advised she understood. Caroline then became hesitant to perform standard field sobriety tasks stating she didn't know if she should perform the task while she is on drugs. Caroline stated that she is on medication that makes her feel weird. I asked Caroline if she thought she should be driving while she is on the medication and she stated "probably not". I gave Caroline a second opportunity to perform standard field sobriety tasks, which she refused.

DRIVER'S STATEMENTS:

Caroline stated she didn't know if she should perform the task while she is on drugs. Caroline stated that she is on medication that makes her feel weird. I asked Caroline if she thought she should be driving while she is on the medication and she stated "probably not".

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm/ Cooperative

CLOTHING: _____

MEDICAL/OTHER: _____

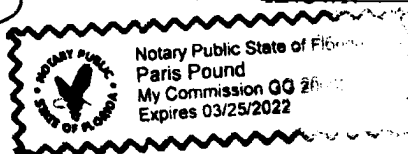
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of MAR 20 21 by INV G. LYNCH 8568

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

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED
MAR , 8 2021

SUBJECT: EDWARDS, CAROLINE, MARIE CASE NUMBER 21042822

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568

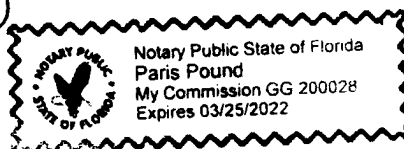
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of MAR, 2021 by INV G. LYNCH 8568

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

Paris Pound (#24639)

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



SCANNED
MAR .8 2021

SUBJECT: EDWARDS, CAROLINE III CASE NUMBER: 21-042322

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 8 2021

SUBJECT: EDWARDS, CAROLINE M CASE NUMBER: 21-042: 22

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: _____

SCANNED

MAR 8 2021

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

I, **Investigator LE GREGORY LYNCH**, 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 **EIGHTH** day of **March**, **2021**, at **12:18 AM**

DRIVER **CAROLINE MARIE EDWARDS**
(Type or Print) **FIRST MIDDLE OR MAIDEN LAST**


DL # **E363113988270**, state of **FL**, was placed under lawful arrest for

the offense of **DUI** by **Investigator LE GREGORY LYNCH** and
(Name of Arresting Officer)

issued Citation # **AEA70YE**.

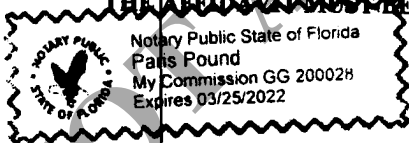
That on or about the **EIGHTH** day of **March**, **2021**, at **1:09 AM**
in **Palm Beach** County,

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)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before
me this **8** day of **MARCH**, **20 21**
by _____
who is personally known to me or who has produced
_____ as identification.

Signature of Attesting Officer

Title _____

Date _____

Notary Public _____

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.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:42 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

REFUSED

REFUSED

SCANNED
MAR 8 2021

WITNESS LIST

CASE NUMBER: 21042822

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) 0 _____ (WORK) 561 688 3000

CAN TESTIFY TO: _____

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: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

MAR 8 2021



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: 2021005732	Date: 3/8/2021
	Specialist Name/ID: T Howard/7185

SCANNED
MAR . 8 2021