

0527189

21CT18786ANB

3923

OBT Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>				Agency Report Number <b>78 - 21005014</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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>5070 PGA BLVD, PALM BEACH GARDENS, FL 33410</b>						Location of Offense (Business Name, Address) <b>5070 PGA BLVD, PALM BEACH GARDENS, FL 33410</b>							
Date of Arrest <b>11/08/2021</b>		Time of Arrest <b>21:28</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>RESIDENCE</b>	
Name (Last, First, Middle) <b>ISAAC, CAROLYN, WOOD</b>													
Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>09/16/1961</b>		Height <b>503</b>		Weight <b>150</b>		Eye Color <b>BRO</b>		Hair Color <b>BRO</b>	
Complexion <b>LGT</b>		Build <b>MED</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>		Marital Status <b>MARRIED</b>		Religion <b>CATHOLIC</b>		Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		Indication of Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1 TARRINGTON CIR, PALM BEACH GARDES, FL 33410</b>						Phone <b>(954) 309-2434</b>				Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1 TARRINGTON CIR, PALM BEACH GARDES, FL 33410</b>						Phone				Address Source <b>FL DRIVER'S LICENSE</b>			
Business Address (Name, Street) (City) (State) (Zip)						Phone				Occupation <b>UNEMPLOYED</b>			
DL Number, State <b>I220119618360 FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>DES MOINES, IA</b>		Citizenship <b>USA</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 <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. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name)				Relationship		Date		Time					
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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended				Grade			
Property Crime? <input type="checkbox"/> Yes <input 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. 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/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other							
Charge Description <b>DUI - .08 or ABOVE</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(C)</b>				Violation of ORD #	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense #		Warrant / Capias Number				Bond <b>O R</b>	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond	
Location (Court, Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 PH: (561) 662-6700</b>													
Court Date and Time Month <b>DECEMBER</b> Day <b>08</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> 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 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 <b>11/08/2021</b>			
HOLD for other Agency Name:				Signature of Arresting Officer <b>OFC. CAMERON CARVER</b>				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Registered Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>OFC. CAMERON CARVER</b>		I.D. # <b>471</b>		Agency <b>PBPGD</b>		PAGE <b>1</b> OF <b>1</b>			
Intake #		I.D. #		Pouch #		Transporting Officer <b>C. CARVER</b>		ID # <b>471</b>		Agency <b>PBPGD</b>		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)

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 8 day of November 2021 at 20:44 ☐ AM ☒ PM

Subject: ISAAC, CAROLYN, WOOD Case Number: 21005014

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. CAMERON CARVER 471

## PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Officer Medina #527 and Officer Garito #500 responded to 1 Tarrington Circle, Palm Beach Gardens, FL 33410 reference to a missing person. Ofcs. Medina and Garito spoke with the husband, George who wanted to report his wife, Carolyn Issac, missing. George stated his wife has a "drinking problem" and is possibly passed out. This would be the second call regarding Carolyn and her vehicle, white Honda CRV bearing FL tag CLWY84 that dispatch received this evening. Carolyn called into dispatch and spoke with them and told them she was stopped on the side of the road at 5070 PGA Blvd, PBG. I located and made contact with Carolyn who was seated behind the driver's seat, with the car off, keys on the center console. The vehicle was operable and it was stopped at the exit to the plaza blocking traffic.

## OBSERVATION OF DRIVER:

Carolyn Isaac had bloodshot, glassy eyes and had difficulty with maintaining balance, swaying and leaning against the vehicle for support. Isaac was talkative and repetitive. The strong odor of alcohol was apparent on her breath as she spoke.

## DRIVER STATEMENTS:

Claims reason for her eyes being bloodshot and glassy is due to her Graves disease. Stated she was drinking during the day, but denied drinking at Rocco's Tacos (contradictory to what she stated on recorded line with dispatch). Stated she was emotional and stressed, went to an Middle Eastern restaurant off Northlake Boulevard to pick up food for her husband, then went to her neighborhood park and was on her way home. However, was located on opposite end of city from her residence.

**ODORS:** Strong odor of alcohol.

## GENERAL OBSERVATIONS

**SPEECH:** Confusing, Low, Mumbled, Slurred, Repetitive

**ATTITUDE:** Nervous, Confused, Polite

**CLOTHING:** Black Jacket, Purple Pants, Black Sandals

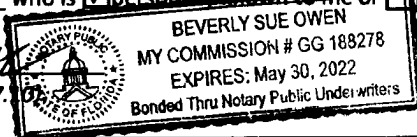
**MEDICAL/OTHER:** Graves Disease, Thyroid, taking Metformin for type 2 diabetes and Lexipro

STATE OF FLORIDA  
COUNTY OF PALM BEACH

471  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8 day of November 2021 by  
OFC. CAMERON CARVER 471 who is ☒ personally known to me or ☐ produced

[Signature]  
Notary Public, Clerk of Court, Officer (FSS 117)



STAMP

## D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: ISAAC, CAROLYN, WOOD

Case Number: 21005014

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

##### LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

##### RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

#### Other Observations:

VGN not present. Swaying, unable to maintain balance. Unable to focus.

#### Walk and Turn

- Lost Balance
- Missed Heel to Toe
- Stepped off Line
- Used Arms for Balance
- Wrong Number of Steps
- Stopped While Performing
- Improper Turn

#### One Leg Stand

- Put Foot Down
- Used Arms for Balance
- Swayed
- Stopped due to risk of falling down.

#### Rhomberg

- Swayed
- Opened Eyes
- Incorrect Reciting of Alphabet - sang after N.
- Stopped While Performing - lowered head.

#### Finger to Nose

- Did not keep eyes closed; Swayed; Lost Balance; Stopped While Performing.
- L- fished; pad to top; held on nose
- R- fished; pad to tip; held on nose
- L- fished to pad; held on nose
- R- pad to tip
- R- wrong finger; corrected; pad to tip.
- L- fished; pad to tip

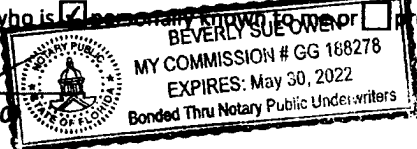
BREATH RESULTS: 1) .163 @ 22:35 2) .162 @ 22:38 3) \_\_\_\_\_ @ \_\_\_\_\_ 4) \_\_\_\_\_ @ \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8 day of November 20 21 by  
OFC. CAMERON CARVER 471 who is ☒ personally known to me or ☐ produced \_\_\_\_\_

Notary Public, Clerk of Court, Officer (FSS 117.10)



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## DUI WITNESS LIST

21005014

**Arresting Officer:** OFC. CAMERON CARVER 471 Email: ccarver@pbgfl.com

**Agency Address:** 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

**Can Testify To:** Facts of Case

**Backup Officers:** Ofc. Christian Medina #527 / Ofc. Kristin Garito #500 / Ofc. Sam Warren #463

**Agency Address:** 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

**Can Testify To:** Contact with Husband & Scene Safety

**Crash Investigator:** \_\_\_\_\_ Email: \_\_\_\_\_

**Agency Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Breathalyzer Technician:** Sue Owen ID: 3184 Agency: PBSO

**DRE:** \_\_\_\_\_ ID# \_\_\_\_\_ Agency Case #: \_\_\_\_\_

**Agency Address:** \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_

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

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_

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

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_

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

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_

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

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_

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

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_

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

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness



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



PBSO Case #: 21126010 PBSO Zone: 3-13

Agency Case #: 21005014 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 20:44 Date of Incident: 11/08/2021 Day: MONDAY

Location of Incident: 5070 PGA BLVD, PALM BEACH GARDENS, FL 33410

**Arrest Information:**

Time of Arrest: 21:28 Date of Arrest: 11/08/2021 Day: MONDAY

Location of Arrest: 5070 PGA BLVD, PALM BEACH GARDENS, FL 33410

Subject's Name: (L) ISAAC, (F) CAROLYN, (M) WOOD

DOB: 09/16/1961 Race: W Sex: F Height: 503 Weight: 150 Hair BRO Eye BRO

Address: 1 TARRINGTON CIR, PALM BEACH GARDES, FL 33410 Phone: (954) 309-2434

Arresting Officer's Name: OFC. CAMERON CARVER ID#: 471

Agency: PBGPD Division: ROAD PATROL

**Breath Results**

- 1) .163 at 2235 hrs.  
2) .162 at 2238 hrs.  
3) \_\_\_\_\_ at \_\_\_\_\_ hrs.  
4) \_\_\_\_\_ at \_\_\_\_\_ hrs.

**—BAT Use—**

BAT Notified: YES  
Arrival Time at BAT: 2200  
Subject Arrest Time: 21:28

Breath Test Operator: 3184  
PBSO

# TESTING FACILITY TASK REPORT

AGENCY: PALM BEACH GARDENS P.D.

SUBJECT: ISAAC, CAROLYN WOOD

CASE NUMBER: 21126010

DATE: 11/08/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2230

ENDING TIME: 2243

BREATH TESTS RESULTS: 1) .163 TIME 2235 A.M. ☐ P.M. ☒ 2) .162 TIME 2238 A.M. ☐ P.M. ☒  
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: VERY LOW VOICE

ATTITUDE: QUIET, CO-OPERATIVE

CLOTHING: SANDALS, PURPLE TIGHTS, BLACK TOP

MEDICAL CONDITIONS: GRAVES DISEASE, THYROID, DIABETIC II

MEDICATIONS: METFORMIN, LEXAPRO

OTHER:

## COMMENTS:

OFC CARVER #471 OF PB GARDENS P.D. AND DEFENDANT ARRIVED AT 2200 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST. TECH EXPLAINED RESULTS. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS, REFUSED Q & A.

**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: 80-006477 Software: 8100.27  
Date of Test: 11/08/2021

Date of Last Agency Inspection: 10/08/2021  
Observation Period Began: 22:00  
Subject's Name: CAROLYN W ISAAC

DOB: 09/16/1961 Sex: F

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	22:33
	Air Blank	0.000	22:34
	Control Test	0.081	22:34
	Air Blank	0.000	22:35
	Subject Sample #1	0.163	22:35
	Air Blank	0.000	22:36
	Air Blank	0.000	22:38
	Subject Sample #2	0.162	22:38
	Air Blank	0.000	22:39
	Control Test	0.079	22:39
	Air Blank	0.000	22:40
	Diagnostics Check	OK	22:40

Cylinder Lot: 2262008GA2  
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, SUE OWEN, 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: 11/08/2021  
Signature

Sworn to (or affirmed) before me this 8th day of November, 2021

[Signature] Signature of Notary Public-State of Florida OF C. CARVER 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021028118	Date: 11/9/2021
	Specialist Name/ID: M.Meek/33849