


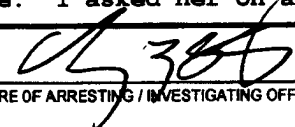
50-2021-CT-005999-ANB

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (M.T.A.'s only) 5, 4 21-001234		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE							
	Charge Type: Check as many <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		Location of Arrest (Including Name of Business) 775 N ALT AIA, JUPITER, FL		Location of Offense (Business Name, Address) 775 N ALT AIA, JUPITER, FL 33477		If Weapon Seized		Ester Type UNARMED		Multiple Clearance Indicator							
	Date of Arrest 04/11/2021		Time of Arrest 00:19		Booking Date 04/11/2021		Booking Time 00:29		Jail Date		Location of Vehicle							
	Name (Last, First, Middle) CRANMER, CASSANDRA ASHLEY																	
D E F E N D A N T	Alias: _____																	
	Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 06/28/1987		Height 5'06		Weight 125		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Medium	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 82 MAPLECREST CIR, JUPITER, FL 33458																	
C O D E F	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 82 MAPLECREST CIR, JUPITER, FL 33458																	
	Business Address (Name, Street) (City) (State) (Zip)																	
	DL Number, State C656101877280 / FL																	
	Soc. Sec. Number [REDACTED]																	
J U V E N I L E	INS Number																	
	Place of Birth (City, State) BOSTON, MA, United																	
	Citizenship US																	
	Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth																	
C O D E F	Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth																	
	Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)																	
	Legal Custodian																	
	Address (Street, Apt. Number) (City) (State) (Zip)																	
J U V E N I L E	Notified by: (Name) Date Time																	
	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																	
C O D E	Drug Activity S. Sell R. Smuggle K. Distribute M. Manufacture/Produce/Cultivate Z. Other																	
	Drug Type N. N/A P. Possess B. Buy D. Deliver E. Use																	
	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 DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE																	
C H A R G E	Statute Violation Number 316.193(4)																	
	Violation of ORD #																	
	Bond																	
	Charge Description																	
C H A R G E	Statute Violation Number																	
	Violation of ORD #																	
	Bond																	
	Charge Description																	
C H A R G E	Statute Violation Number																	
	Violation of ORD #																	
	Bond																	
	Charge Description																	
I N T A K E	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"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail																	
	PROPERTY - Received By Released By Released To																	
N O T I C E T O A P P E A R	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) North County PALM BEACH GARD																	
A D M I N I S T R A T I O N	Court Date and Time 05/12/2021 08:30:00																	
	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																	
A D M I N I S T R A T I O N	HOLD for Other Agency																	
	Signature of Arresting Officer																	
	Name Verification (Printed by Arrestee)																	
	(PRINT)																	
A D M I N I S T R A T I O N	Name of Arresting Officer (Print) L.D. # MCGILLICUDDY, STEVEN 1216																	
	Transporting Officer L.D. # Agency S. MCGILLICUDDY 388 JUPITE																	
	Witness here if subject signed with an "X".																	
	PAGE 1 OF 1																	

PH 0522622

PH 568

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-001234							
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:				
	Name (Last, First, Middle) CRANMER, CASSANDRA ASHLEY					Race W	Sex F	Date of Birth 06/28/1987		
	Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE					Charge Description				
	Charge Description					Charge Description				
	Victim's Name (Last, First, Middle) State Of Florida					Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>10</u> day of <u>April</u>, <u>2021</u> at <u>23:53</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 4/10/2021 at approximately 2353 hrs, Jupiter PD received an anonymous call about silver Hyundai traveling northbound on S Alternate A1A in the area of E Indiantown Road. Details of the call stated that the vehicle was driving on two flat tires and was not currently moving. The caller did not stay on the phone with dispatch for very long. PFC Flesch located the vehicle in the Dune Dog parking lot (775 N Alternate A1A). I arrived shortly thereafter to assist. I observed a silver Hyundai (HOFFE/FL) facing southbound in the parking. The vehicle had major front left damage. Almost the entire front left wheel was destroyed to the point that the vehicle was traveling on its rim. I observed a large amount of debris wedged into the under chassis of the vehicle.</p> <p>I made contact with the driver, Cassandra Cranmer (DEFENDANT), who was still sitting in the driver's seat. While interacting with her I detected a strong odor of unknown alcoholic beverage emitting from her person, which intensified as she spoke. She had glassy, bloodshot eyes and spoke with heavily slurred speech. I had her exit the vehicle to look at the damage on her car. She had to steady herself at one point with her right hand. I asked her where she was coming from tonight and she said, "hanging out with friends". She advised me that she was hanging out in downtown West Palm Beach. I had her confirm that she lived at the address on her license and that she was headed home. It should be noted that the location of my contact with her is approximately 2.15 miles north of where she was headed, and she was continuing to travel in the wrong direction. She acknowledged that she drove several miles past her house. She stated that she did not have much to drink tonight. She advised that she did not know when the damage to her vehicle occurred. She appeared to be unmoved by the major damage to her car. I advised Cranmer that I was going to be conducting a DUI investigation at this time. Cranmer agreed to participate in field sobriety exercises. I had her place her purse in the car and then she tried to put it back on. She had to be specifically instructed to again leave it her in vehicle. I asked her to guess what time it was and she stated midnight, which was accurate. I asked her on a scale from</p>										
	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)				
	<u>04/11/2021</u> DATE					<u>04/11/2021</u> DATE				
PAGE 1 OF 3										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-001234				
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:		
Name (Last, First, Middle)		Alias			Race	Sex	Date of Birth
CRANMER, CASSANDRA ASHLEY					W	F	06/28/1987
<p>1-10 of impairment where she would rate herself and she would not assign a numerical number to it. The following are the result of the SFST's.</p> <p>HORIZONTAL GAZE NYSTAGMUS (HGN)</p> <ul style="list-style-type: none"> - No resting nystagmus in either eye - Equal tracking and pupil size - Lack of smooth pursuit in both eyes - Distinct and sustained nystagmus at maximum deviation in both eyes - Onset of nystagmus prior to forty-five degrees in both eyes - Vertical nystagmus present in both eyes - 6 of 6 clues present - Had to be told repeatedly not to move her head <p>WALK AND TURN</p> <ul style="list-style-type: none"> - Lost balance during the instruction phase - Stepped off line on numerous steps - Missed heel to toe on all steps - Stopped while walking - Improper turn - Improper number of steps (21 steps up, approximately 20 steps back) - During the return steps she made no effort to walk on the line and appeared to have quit the exercise - 6 of 8 clues <p>ONE LEG STAND</p> <ul style="list-style-type: none"> - Put foot down multiple times (could not keep it up for more than several seconds at any given time) - Used arms for balance - Swayed - 3 of 4 clues observed <p>FINGER TO NOSE</p> <ul style="list-style-type: none"> 1L - Pad to tip, DNP, opened eyes 2R - Pad to tip, DNP 3L - Pad to tip, DNP 4R - Pad to tip, DNP 5R - Used left, pad to tip, DNP 6L - Used right, pad to tip, DNP <p>RHOMBERG ALPHABET (B TO X)</p> <p>A B C D E F G K L M N O P A B C D L M N O P</p> <p>Based on my observations, investigation and the totality of the circumstances, I have</p>							
SWORN AND SUBSCRIBED BEFORE ME		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Notary Public State of Florida Thomas H. Leahey My Commission GG 347108 Expires 06/20/2023</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER McGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)</p> </div> </div>					
<p>04/11/2021 DATE</p> <p>04/11/2021 DATE</p>							
<div style="display: flex; justify-content: space-between;"> <div>PAGE</div> <div>2 OF 3</div> </div>							

COURT

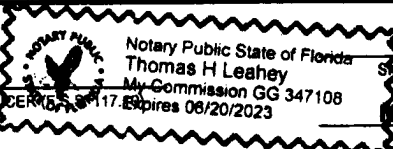
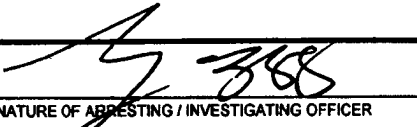
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-001234				
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:			
DEFENDANT	Name (Last, First, Middle) CRANMER, CASSANDRA ASHLEY				Race W		Sex F		Date of Birth 06/28/1987
	Alias								
PROBABLE CAUSE STATEMENT	<p>probable cause to believe that the Cassandra Cranmer 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 0019 hrs. I then transported her to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 0102 hrs. I then placed her under a 20 minute observation period, during which I did not observe her consume nor regurgitate anything. We then went on video with BAT Technician Leahey (ID #19183) and I requested that Cranmer submit to a breath test. She provided breath samples of .242 BrAC and .244 BrAC. In between the first and second breath test, Cranmer asked if she was allowed to have a lawyer at this point. I explained that she was not able to have an attorney present for this part of the process and received verbal confirmation that she wished to continue. After being read her breath results, I read Cranmer her Miranda rights from a prepared card. Due to her asking for a lawyer by this point, I did not ask her any questions. I then booked her into the county jail. She was issued a criminal court date of 5/12/2021 at 0830 hrs at the North County Courthouse in Palm Beach Gardens. Cranmer's vehicle was towed from the scene by East Coast Towing. BWC.</p>								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME 				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 				
	NOTARY PUBLIC / CLERK OF COURT / OFFICER 04/11/2021 DATE				MC GILLICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 04/11/2021 DATE				



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

PBSO CASE # 21-054236 PBSO ZONE 3-14

AGENCY CASE # 21-001234 CRASH CASE # _____

TIME OF STOP/CRASH 2359 DATE 04/10/2021 DAY SATURDAY

SUBJECT'S NAME CRANMER CASSANDRA A RACE W SEX F
LAST FIRST MID

HGT 5'7 WGT 125 DOB 9/22/1997

LOCATION 775 N ALT A1A, JUPITER, FL

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0102

ARREST TIME 0019

BREATH RESULTS:

1)	.242
2)	.244
3)	N/A
4)	N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SUBJECT: Cramer, Cassandra A

CASE NUMBER: 74

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) _____

Red on camera

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Cramer, Constantino A CASE NUMBER: 1001684

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: _____

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: 80-006240 Software: 8100.27
Date of Test: 04/11/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 01:02

Subject's Name: CASSANDRA A CRANMER

DOB: 09/22/1997 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		01:27
	Air Blank	0.000	01:27
	Control Test	0.079	01:28
	Air Blank	0.000	01:28
	Subject Sample #1	0.242	01:29
	Air Blank	0.000	01:30
	Air Blank	0.000	01:32
	Subject Sample #2	0.244	01:32
	Air Blank	0.000	01:33
	Control Test	0.078	01:33
	Air Blank	0.000	01:34
	Diagnostics Check OK		01:34

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 THOMAS H LEAHEY, 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: T. Leahy Date: 04/11/21
Signature

Sworn to (or affirmed) before me this 11 day of April, 2021

Signature of Notary Public-State of Florida

Ofc S McGillivuddy #388
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.

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Cranmer, Cassandra A

CASE NUMBER: 21-054236

DATE: Apr 11, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0125

ENDING TIME: 0135

BREATH TESTS RESULTS: 1) .242 TIME 0129 A.M. ☒ P.M. ☐ 2) .244 TIME 0132 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: cooperative, crying, upset, talkative

CLOTHING: blue jeans, white blouse, no shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

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

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0102 hrs

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O did not attempt Q&A

subject invoked right to counsel

WITNESS LIST

CASE NUMBER: 21-001234

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: PFC FLESCH

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC ROBICHAUD

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: K9 OFC DICKS

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC RALEIGH

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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: _____



**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: 2021008746

Date: 04/12/2021

Specialist Name/ID: C. Denzel/8691