

0519980

20 CT 015640 AXMB

166

ARREST / NOTICE TO APPEAR

| | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------|------------------------|
| A D M I N I S T R A T I O N | OBTS Number | | Agency ORI Number 0500800 | | Agency Name West Palm Beach Police Department | | Agency Report Number (N.T.A.'s only) 9, 4 2020-0018138 | | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 | | 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 NOT APPLICABLE | | Multiple Clearance Indicator | | | | | | |
| D E F E N D A N T | Location of Arrest (Including Name of Business) 550 OKEECHOBEE BLVD, WEST PALM BEACH, FL | | | | Location of Offense (Business Name, Address) 600 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33401 | | | | | | | | |
| | Date of Arrest 12/02/2020 | Time of Arrest 22:15 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | | | |
| C O D E D E S | Name (Last, First, Middle) DUNNE, DANA MAUREEN | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | |
| | Race W - White | Sex F | Date of Birth 08/31/1990 | Height 5'05 | Weight 120 | Eye Color HAZEL | Hair Color BLOND OR | Complexion FAIR | Build Small | | | | |
| | Local Address (Street, Apt. Number) 323 ALMERIA RD 201, WEST PALM BEACH, FL 33405 | | | | Home Phone (215) 749-0848 | | Residence Type: 1. City 3. Florida 2. County 4. Out of State | | | | | | |
| | Permanent Address (Street, Apt. Number) 323 ALMERIA RD 201, WEST PALM BEACH, FL 33405 | | | | Mobile Phone | | Address Source | | | | | | |
| | Business Address (Name, Street) PHILADELPHIA, PA. | | | | Work Phone | | Occupation Administrative | | | | | | |
| | D/L Number, State | | Soc. Sec. Number | | Place of Birth (City, State) | | Citizenship | | | | | | |
| | Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | | Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> | | Unk. <input type="checkbox"/> | | |
| | Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | | 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> | | 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> | | |
| | Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle) | | | | Residence Phone | | | | | | | | |
| | Legal Custodian <input type="checkbox"/> Name (Last, First, Middle) | | | | Business Phone | | | | | | | | |
| Address (Street, Apt. Number) PHILADELPHIA, PA. | | | | Business Phone | | | | | | | | | |
| Notified by: (Name) | | | | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated | | | | | | | |
| 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. | | | | School Attended | | Grade | | | | | | | |
| Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Description of Property GATE ARM | | Value of Property \$1,000 | | | | | | | |
| Drug Activity N. N/A P. Possess | | | | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Disperse/ 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 DUI PROPERTY DAMAGE | | | | State Violation Number 316.193(3C1) | | Violation of ORD # 316.193(1)(3)(A)(1) | | | | | | | |
| Drug Activity N | | | | Drug Type | Amount / Unit | Offense # | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | | |
| Charge Description DRIVING W/OUT A LICENSE | | | | State Violation Number 322.03(1) | | Violation of ORD # | | | | | | | |
| Drug Activity N | | | | Drug Type | Amount / Unit | Offense # | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | | |
| Charge Description | | | | State Violation Number | | Violation of ORD # | | | | | | | |
| Drug Activity | | | | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | | |
| 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 | | Explain: | | | | | | | |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health | | | | PROPERTY - Received By | | Released By | | Released To | | | | | |
| Transported By | | | | Date Transported | Time Transported | Other | | | | | | | |
| N O T I C E T O A P P E A R | <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) Criminal Justice CRIMINAL JUSTICE COMPLEX | | | | | | | | |
| | | | | | Court Date and Time 12/31/2020 08:30:00 | | 3228 GUN CLUB ROAD | | | | | | |
| 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) DEC 03 2020 | | Date Signed | | | | | | | |
| I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE. | | | | (215) 749-0848 | | INITIAL | | | | | | | |
| A D M I N I S T R A T I O N | HOLD for Other Agency | | Signature of Arresting Officer EAH #2201 | | Name Verification (Printed by Arrestee) DEC 3 AM 2:25 | | | | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Name of Arresting Officer (Print) HOWARD, EDWARD | | ID.# 02201 | | (PRINT) | | PAGE 1 OF 1 | | | | |
| Transporting Officer EAH #2201 | | ID.# | | Agency | | Witness here if subject signed with an 'X'. | | | | | | | |

CPA No Neal 7206

0519980

166

DUI PROBABLE CAUSE AFFIDAVIT

On the 2nd Day of December at 2215 A.M. P.M.

Subject: Dana M. Dunne Case Number: 2020-18138

Agency: West Palm Beach Police Department Arresting Officer: E. Howard #2201

Personal Contact

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Driving Pattern | Actual physical control (physical evidence putting the driver behind the wheel) |
| <p>Dispatch advised a Black Jeep (Pennsylvania Tag JNE 1415) drove through a gate arm at the Hilton Convention Center. Security at the hotel advised the vehicle was driving erratically by going the wrong way on the street, and driving at a high rate of speed for the area. I located the vehicle shortly after, driving southbound on Rosemary Avenue. I watched the vehicle make several sharp turns through dark intersections. The vehicle eventually turned into a parking garage once I turned on my emergency lights. The vehicle made an abrupt stop and attempted to back up while I was behind it. I needed to use a loud voice to have the vehicle stop. I witnessed the driver exit the vehicle and made contact. I noticed the driver swaying as she exited the vehicle, and she had a blank stare on her face with reddened cheeks.</p> <p>There was an opened bottle of wine located in the center console of the vehicle, which had some liquid still at the bottom of the bottle. There was an unopened can of wine located inside the vehicle.</p> | |

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Observation of Driver |
| <p>The driver was constantly swaying while standing up. She had slurred speech while speaking with me. She had difficulty keeping balance by taking multiple steps in different directions to keep from falling over. Her shirt was backwards and inside out.</p> |

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drivers Statements: |
| <p>(Post-Miranda) The driver stated she was just driving around the city because she was bored. The driver stated she had nothing to drink prior to driving the vehicle. The driver stated she was not diabetic, did not take any medications, and had no injuries.</p> |

| |
|------------------------------------------------------------------------------------------------------------------------|
| Odors: |
| <p>An odor of an unknown alcoholic beverage could be smelled, which grew stronger the more the driver spoke to me.</p> |

General Observations

| |
|--------------------------------------------------------------------------------------------------------|
| Speech: Slurred |
| Attitude: Aggressive and combative. Not willing to follow directions. |
| Clothing: Shirt was backwards and inside out. Yellow dress with black pants. White/Black shoes. |
| Medical Problems/Medications: None. |
| Other: |

DUI PROBABLE CAUSE AFFIDAVIT

Subject: _____

Dana M. Dunne

Case Number: 2020-18138

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly | <input type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver was instructed to stand with her feet together with her arms at her sides. She was then asked if she could identify the pen stimulus I placed in front of her eyes; in which she advised she could (she did so by touching the top of the pen with her index finger). She was reminded to track the stimulus with her eyes only. She failed to keep her head still while tracking the stimulus. I observed the driver swaying during the instructional and practical portion of this exercise.

Walk and Turn Task

The driver was asked to place her left foot on the line (yellow duct tape) with her right foot directly in front of it with her heel touching her toe, then place her arms at her sides and stay in this position while I demonstrated this task. I observed the driver swaying during the instructional portion of this exercise. She could not maintain her balance while listening to the instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. On the first set of heel to toe steps she did not touch heel to toe. The driver took the improper amount of steps (over 9). She performed the turn other than the way it was demonstrated. On the second set of heel to toe steps, she stepped off the line. The driver did not touch heel to toe. The driver took the incorrect amount of steps (less than 9). The driver was wearing sneaker.

One Leg Stand

I had the driver stand with her feet together and hands down at her side as I explained the exercise. I explained and demonstrated the exercise and she stated she understood the instructions. She could not maintain her balance while listening to the instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. When told to begin, the driver lifted her left foot off the ground. She used her arms to balance by raising them more than six inches from her sides. She put her foot down to regain her balance at numerous times before the thirty seconds had elapsed. I observed the driver swaying during the instructional and practical portion of this exercise.

Finger To Nose

I had the driver stand with her feet together and hands down at her sides as I explained the exercise. I explained and demonstrated the exercise and she stated she understood the instructions. The driver demonstrated that she knew her right from her left. I asked the driver to tilt her head back and close her eyes. The sequence performed was: L, R, L, R, R, L. The driver correctly performed the sequence, but did not return her arms to her said. The driver also needed to search for their nose, and did not use the tip of her finger. I observed the driver swaying during the instructional and practical portion of this exercise.

Romberg Balance

I had the driver stand with her feet together and hands down at her sides as I explained the exercise. I explained and demonstrated the exercise and she stated she understood the instructions. I had the driver tilt her head back and close her eyes and estimate the passage of 30 seconds. She advised she finished this exercise at an internal clock of 30 seconds when the actual time was 26 seconds. I observed the driver swaying during this exercise. The driver had eyelid tremors.

Breath Results from Instrument

1st Result

0.243

2nd Result

0.238

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

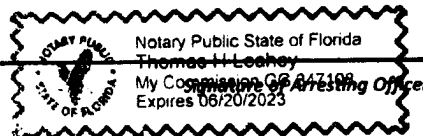
Personally Known

Produced Identification

Notary Public

T. Leary 12/02/20 (DATE)

Notary / Clerk of Courts / Officer (FSS: 117.10)





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

PBSO CASE # 20-132807 PBSO ZONE 3-22

AGENCY CASE # 2020-19138 CRASH CASE # _____

TIME OF STOP/CRASH 2117 DATE 12/2/20 DAY Wed

SUBJECT'S NAME Dana Dunne RACE W SEX F

HGT 5'5" WGT 120 DOB 8/31/90

LOCATION 600 Steeplechase Blvd, WPB, FL

ARRESTING OFFICER'S NAME & ID Howard #2201 AGENCY WPB

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2250

Arrest Time 2215

BREATH RESULTS:

- 1. .243
- 2. .238
- 3. n/a
- 4. n/a

TESTING OFFICER'S ID 19183

NOT A CERTIFIED COPY

HOWARD #2201
 12/2/2020
 2215

TESTING FACILITY TASK REPORT

AGENCY: WPB

SUBJECT: Dunne, Dana M

DATE: Dec 2, 2020

BEGINNING TIME: 2313

CASE NUMBER: 20-132807

VIDEO DVD NUMBER: N/A

ENDING TIME: 2329

BREATH TESTS RESULTS: 1) .243 TIME 2317 A.M. P.M. 2) .238 TIME 2321 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: slurred, thick

ATTITUDE: talkative, repetitive, crying, fidgety

CLOTHING: black stretch pants, yellow dress (on inside out & backwards), white sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated she drank 1 drink an hour

COMMENTS:

arrived at center A/O conducted 20 minute observation period 2250 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 conducted Q&A
subject answered questions

NOT A CERTIFIED COPY

420 DEC -3 AM 8:15
COUNTY CLERK
BRANCH

SUBJECT: Dunne, Dana M 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? No

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Don't know

DIRECTION OF TRAVEL? No WHERE DID YOU START? Don't know

WHAT TIME DID YOU START? Don't know WHAT TIME IS IT NOW? 2:00

WHAT IS TODAY'S DATE? 12/3/10 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Putnam County, Georgia

WHEN DID YOU LAST EAT? Don't know WHAT DID YOU EAT? N/A

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? No WHAT? Don't know

HOW MUCH? Don't know WHERE? Don't know WITH WHOM? He self

WHEN DID YOU HAVE YOUR FIRST DRINK? 2:00 AND YOUR LAST DRINK? 2:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? Accountant WHEN DID YOU LAST WORK? 10:00

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? N/A

ARE YOU SICK OR INJURED? No WHAT'S WRONG? N/A

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? N/A WHEN? N/A

DO YOU HAVE:

| | |
|--------------------|-----------|
| EPILEPSY? | <u>No</u> |
| GLASS EYE? | <u>No</u> |
| FALSE TEETH? | <u>No</u> |
| EAR INFECTION? | <u>No</u> |
| INNER EAR TROUBLE? | <u>No</u> |
| DIABETES? | <u>No</u> |

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? N/A

INTERVIEWER: _____

2020 DEC -3 AM 8:11
MARIJUANA CONTROL
LABORATORY
STATE OF GEORGIA
COURT HOUSE BRANNAN

SUBJECT: Dunne, Dang M 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) _____

2020 DEC -3 AM
GON CLUB ERVA

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) Read in camera

**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: 12/02/2020

Date of Last Agency Inspection: 11/13/2020
Observation Period Began: 22:50
Subject's Name: DANA M DUNNE

DOB: 08/31/1990 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 | 23:15 |
| | Air Blank | 0.000 | 23:16 |
| | Control Test | 0.080 | 23:16 |
| | Air Blank | 0.000 | 23:17 |
| | Subject Sample #1 | 0.243 | 23:17 |
| | Air Blank | 0.000 | 23:18 |
| | Air Blank | 0.000 | 23:20 |
| | Subject Sample #2 | 0.238 | 23:21 |
| | Air Blank | 0.000 | 23:21 |
| | Control Test | 0.080 | 23:22 |
| | Air Blank | 0.000 | 23:22 |
| | Diagnostics Check | OK | 23:22 |

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 Lealey Date: 12/02/2020
Signature

Sworn to (or affirmed) before me this 02nd day of December, 2020
He CH #2201 Of E Howard #2201
Signature of Notary Public-State of Florida 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"/> | 119.0712 (2) | Other: Personal information contained in a motor vehicle record | |
| | <input type="checkbox"/> | 119.071(2)(j) | Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S). | |

NOT A CERTIFIED COPY

2020 DEC -3 AM 8:10
PALM BEACH COUNTY
CLERK OF COURT
CLERK'S OFFICE
1000 OCEAN BLVD
WEST PALM BEACH, FL 33411

REVIEW COMPLETED BY

| | |
|----------------------------|------------------------------------|
| Booking Number: 2020028230 | Date: 12/03/2020 |
| | Specialist Name/ID: M. Tooks #8557 |