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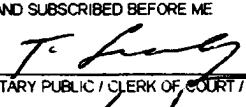

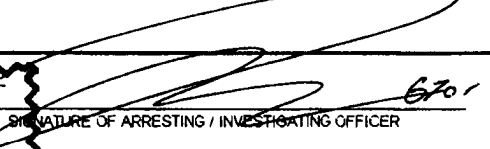
21CT18358ANB

1168

ADVISORY INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0500700		Agency Name Riviera Beach Police Department		Agency Report Number (N.T.A.'s only) 814 21-07542							
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator		Enter Type Not Applicable/none		1			
Location of Arrest (Including Name of Business) 3700 PRESIDENT BARACK OBAMA HWY. RB		Location of Offense (Business Name, Address) 3700 PRESIDENT BARACK OBAMA HWY. RIVIERA BEACH									
Date of Arrest 10/30/2021		Time of Arrest 01:30		Booking Date 10/30/2021		Booking Time 01:40		Jail Date 11		Jail Time 11	
Name (Last, First, Middle) MORGADO, DAWN POOLE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White A - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 12/20/1985		Height 5'03		Weight 180		Eye Color BLUE	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status D		Religion CATHOLIC		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Build MEDIUM	
Local Address (Street, Apt. Number) 129 LIVE OAK LN. BOYNTON BEACH, FL 33436		(City) BOYNTON BEACH		(State) FL		(Zip) 33436		Phone 305-355-2526		Residence Type 1. City 2. County 3. Out of State 1	
Permanent Address (Street, Apt. Number) 129 LIVE OAK LN. BOYNTON BEACH, FL 33436		(City) BOYNTON BEACH		(State) FL		(Zip) 33436		Phone 305-355-2526		Address Source DEFENDENT	
Business Address (Name, Street) 129 LIVE OAK LN. BOYNTON BEACH, FL 33436		(City) BOYNTON BEACH		(State) FL		(Zip) 33436		Phone 305-355-2526		Occupation DEFENDENT	
DL Number, State M623175859600 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) BOYNTON BEACH, FL		Citizenship US			
Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		<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) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		<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"/> Other [REDACTED]		Name (Last, First, Middle) [REDACTED]		Residence Phone [REDACTED]		Business Phone [REDACTED]					
Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]					
Notified by (Name) [REDACTED]		Date [REDACTED]		Time [REDACTED]		JUVENILE DISPOSITION 1. Handled/Processed within Discretion and Released 2. TOT JAC 3. Incarcerated					
Released To (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]					
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 [REDACTED]		Grade [REDACTED]		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property [REDACTED]		Value of Property [REDACTED]	
Drug Activity N - N/A P - Possess S - Sell B - Buy D - Deliver T - Traffic R - Scavenger 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/Opium P - Paraphernalia/ Equipment S - Synthetic U - Unknown Z - Other									
Charge Description DUI		Statute Violation Number 316.193 (1C)		Violation of ORD # [REDACTED]							
Drug Activity N		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Offense # 21-07542		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description [REDACTED]		Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]							
Drug Activity [REDACTED]		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description [REDACTED]		Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]							
Drug Activity [REDACTED]		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant [REDACTED]		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: [REDACTED]									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> TOT County Jail <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By [REDACTED]		Released By [REDACTED]		Released To [REDACTED]					
Transported by [REDACTED]		Date Transported [REDACTED]		Time Transported [REDACTED]		Other [REDACTED]					
<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		Court Date and Time 12/02/2021 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 IF 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) [REDACTED]		Date Signed [REDACTED]							
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Stochastic <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other		Signature of Arresting Officer [REDACTED]		Name Verification (Printed by Arresting Officer) [REDACTED]							
Name of Arresting Officer (Print) ALDOLPH, J.		ID # 6701		Agency RBPB							
Transporting Officer ALDOLPH, J.		ID # 6701		Agency RBPB							
Pouch # [REDACTED]		Warrants here if subject signed with an "X"									

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ SCANNED

OCT 30 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL FL0500700	Agency Name Riviera Beach Police Department	Agency Report Number 8 4 21-07542					
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:					
Name (Last, First, Middle) MORGADO, DAWN POOLE				Race W	Sex F	Date of Birth 12/20/1985	
Charge Description 316.193 DUI		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> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>29</u> day of <u>October</u>, <u>2021</u> at <u>23:17</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>In the City of Riviera Beach, County of Palm Beach, State of Florida, the following occurred.</p> <p>I utilized my body-worn camera.</p> <p>On Friday, October 29, 2021, at approximately 2317 hours, Officers of the Riviera Beach Police Department conducted a traffic stop on a white Toyota corolla bearing a Florida tag of ILJX13 after observing a traffic infraction in the 3700 block of president Barack Obama highway. The driver was operating the vehicle with no headlight during the late-night hours.</p> <p>The driver was identified as Dawn Poole Morgado (W/F DOB 12/20/1985). Upon initial contact, Morgado behavior was very unusual. She had a problem following simple instructions, glassy eyes and admitted to having consumed alcoholic beverages. Morgado was asked to consent to the "field sobriety tasks," she complied and declared that she had no medical condition preventing her from performing the tasks.</p> <p>During the tasks, Morgado begins before being instructed to do so. Morgado stepped off the line numerous times during the walk and turn, could not keep her balance, and had issues following the instructions. Morgado eyes were glassy, bloodshot, and her eye-tracking lacked smoothness. Halfway through the task, she refused to continue demanding to be taken to jail.</p> <p>Based on my investigation Morgado was arrested and transported to the B.A.T.</p> <p>While at the B.A.T, Morgado once again admitted to the consummation of alcohol and blew two times the legal limit. Morgado later turned over to the Palm Beach County Jail for Driving under the Influence.</p>							
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 311.10) <u>10/30/21</u> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  ALDOLPH JAMES (6701) NAME OF OFFICER (PLEASE PRINT)			
				10/30/2021 DATE		PAGE 1 OF 1	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF October 20 21 AT 2317 ☐ AM ☒ PM
SUBJECT: DAWN POOLE MORGADO CASE NUMBER: 21-07542
AGENCY: RBPD ARRESTING OFFICER: Aldolph
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Driver was operating a motor vehicle at night with no lights.

OBSERVATION OF DRIVER:

Driver was unable to maintain proper balance.

DRIVER'S STATEMENTS:

Driver admitted to consuming alcohol at a party

ODORS:

No odor.

GENERAL OBSERVATIONS

SPEECH: Very talkative

ATTITUDE: Compliant but unable to follow directions

CLOTHING: Blue jean and Black and white shirt

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Aldolph

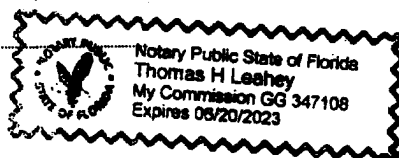
(Signature of Arresting Investigative Officer)

The foregoing statement was sworn to or affirmed and subscribed before me this 29 day of October 20 21 by J. Aldolph #6701

known

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

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



SUBJECT: DAWN POOLE MORGADO

CASE NUMBER 21-07542

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Clear Glossy eyes,

WALK & TURN:

Did not follow instruction, attempted to perform task before being instructed to. Subject stepped of the line numerous time before loosing her balance.

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS:

1) .236 2) .241 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

29

October

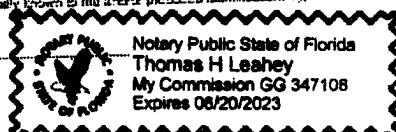
21

J. Aldolph

The foregoing instrument was sworn to and affirmed and subscribed before me this _____ day of _____, 20____, by _____ known

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

Notary Public, Clerk of Court, Officer (F.S. 5 117.13)



SUBJECT: Morgado, Dawn P

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

Read on camera

SUBJECT: Morgado, Dawn D 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? YES

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? US 1

DIRECTION OF TRAVEL? S WHERE DID YOU START? Palm Beach Lakes

WHAT TIME DID YOU START? don't know WHAT TIME IS IT NOW? don't know

WHAT IS TODAY'S DATE? 10/30/21 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County FL

WHEN DID YOU LAST EAT? 2000 hours WHAT DID YOU EAT? Sub Sandwiches

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at party

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? yes WHAT? wine

HOW MUCH? don't know WHERE? palm beach lake WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? palm beach AND YOUR LAST DRINK? don't know

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? regular

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? yes ARE YOU UNDER THE INFLUENCE? yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? no

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? sugar coordinator WHEN DID YOU LAST WORK? today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? MS Neurologist

ARE YOU SICK OR INJURED? no WHAT'S WRONG? _____

DO YOU LIMP? Sometimes 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? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? yelex WHEN? This morning

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? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

CASE NUMBER: 21-07542

ARRESTING OFFICER: J. Adolph

ADDRESS: 600 W Blue Heron Blvd, Riviera Beach FL 33404

PHONE NUMBERS (HOME): _____ (WORK) 561-845-4123

CAN TESTIFY TO: Field Sobriety Testing

NAME: Ofc.T. Johnson

ADDRESS: 600 W Blue Heron Blvd, Riviera Beach FL 33404

PHONE NUMBERS (HOME): _____ (WORK) 561-845-4123

CAN TESTIFY TO: Driving Pattern

NAME: Sgt. TSmith ID#4151

ADDRESS: 600 W Blue Heron Blvd, Riviera Beach FL 33404

PHONE NUMBERS (HOME): _____ (WORK) 561-845-4123

CAN TESTIFY TO: Driving pattern and traffic stop

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: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: RBPB

SUBJECT: Morgado, Dawn P

CASE NUMBER: 21-122607

DATE: Oct 30, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0040

ENDING TIME: 0100

BREATH TESTS RESULTS: 1) .236 TIME 0044 A.M. ☒ P.M. ☐ 2) .241 TIME 0048 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

ATTITUDE: talkative, fidgety, crying

CLOTHING: blue jeans, black/white l/s shirt, black sweater, black shoes

MEDICAL CONDITIONS: anxiety

MEDICATIONS: Xanax, Lexipro

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated she drank a couple glasses of wine at party - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0017 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

**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: 80-006029 Software: 8100.27
Date of Test: 10/30/2021

Date of Last Agency Inspection: 10/08/2021
Observation Period Began: 00:17
Subject's Name: DAWN P MORGADO

DOB: 12/20/1985 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	00:42
	Air Blank	0.000	00:43
	Control Test	0.080	00:43
	Air Blank	0.000	00:44
	Subject Sample #1	0.236	00:44
	Air Blank	0.000	00:45
	Air Blank	0.000	00:47
	Subject Sample #2	0.241	00:48
	Air Blank	0.000	00:48
	Control Test	0.079	00:49
	Air Blank	0.000	00:49
	Diagnostics Check	OK	00:49

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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: _____

Signature

Date: 10/30/2021

Sworn to (or affirmed) before me this 30 day of October, 2021

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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-122607 PBSO ZONE 3-13

AGENCY CASE # 21-07542 CRASH CASE # _____

TIME OF STOP/CRASH 2317 DATE 10/29/21 DAY Saturday

SUBJECT'S NAME Dawn Pade Murgado RACE white SEX Female

HGT 5'3 WGT 180 DOB 12/20/1985

LOCATION 3700 President Barack Obama Hwy, Riviera Beach FL

ARRESTING OFFICER'S NAME & ID Aldolph 6701 AGENCY RBPD

DIVISION: _____

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0017

BREATH RESULTS:

Arrest Time 2347

1. .236
2. .241
3. N/A
4. N/A

TESTING OFFICER'S ID 19183



**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: 2021027277	Date: 10/30/2021
	Specialist Name/ID: M. Tookes #8557