

2020 CT 001481 AX NB

ARREST / NOTICE TO APPEAR

1. Arrest 3. Request for Warrant 1 JUVENILE
2. N.T.A. 4. Request for Capias

A D 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 (N.T.A.'s only) 514 20-000397		Charge Type: <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 NONE		Multiple Clearance Indicator 1											
	Location of Arrest (Including Name of Business) 2510 25TH CT JUPITER, FL 33477						Location of Offense (Business Name, Address) 2510 25TH CT, JUPITER, FL 33477																	
D E F E N D A N T	Date of Arrest 01/26/2020		Time of Arrest 00:56		Booking Date 01/26/2020		Booking Time 01:06		Jail Date		Jail Time		Location of Vehicle											
	Name (Last, First, Middle) LYNCH, DEBORAH ANN Alias:																							
C O D E F	Race W - White B - Black		Sex F		Date of Birth 12/26/1950		Height 5'02		Weight 140		Eye Color HAZEL		Hair Color BROWN		Complexion LIGHT		Build Medium							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status D		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>									
J U V E N I L E	Local Address (Street, Apt. Number) 2514 25TH CT, JUPITER, FL 33477						(City)		(State)		(Zip)		Phone (917) 445-1017		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1									
	Permanent Address (Street, Apt. Number) 2514 25TH CT, JUPITER, FL 33477						(City)		(State)		(Zip)		Phone (917) 445-1017		Address Source FL DL									
C O D E F	Business Address (Name, Street) 2514 25TH CT, JUPITER, FL 33477				(City)		(State)		(Zip)		Phone		Occupation											
	DL Number, State L520161509660 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) MONTREAL, Canada		Citizenship US															
C O D E F	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									
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone											
	<input type="checkbox"/> Legal Custodian												Business Phone											
C O D E F	Address (Street, Apt. Number)						(City)		(State)		(Zip)		Notified by: (Name)											
	Address (Street, Apt. Number)						(City)		(State)		(Zip)		Released To: (Name)											
C O D E F	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									
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____												Property Owner?		Description of Property		Value of Property							
C O D E F	Drug Activity N. N/A P. Possess				S. Sell D. Deliver T. Traffic		R. Seizure D. Delivery 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/Heroin		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description DUI - DRIVING UNDER INFLUENCE														Statute Violation Number 316.193(1)(A)		Violation of ORD #							
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond									
	Charge Description														Statute Violation Number 316.193(1)(A)		Violation of ORD #							
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond									
	Charge Description														Statute Violation Number 316.193(1)(A)		Violation of ORD #							
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 Explain:											
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health				<input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To							
N O T I C E	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				Court Date and Time 02/26/2020 08:30:00							
T O A P P E A R	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	HOLD for Other Agency				Signature of Arresting Officer 383				Name Verification (Printed by Arrestee) JAN 26 @ 4:05															
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) YOCHUM, CRAIG		I.D. # 1185		(PRINT)		PAGE 1													
Inmate Deputy		I.D. #		Pouch #		Transporting Officer OFC. C. YOCHUM		I.D. # 383		Agency JPD		Witness here if subject signed with an "X".												

FILED
JAN 26 @ 4:05
PAGE 1 OF 1
COUNTY & COUNTY COURTS
(CRIMINAL DIV.)
1270

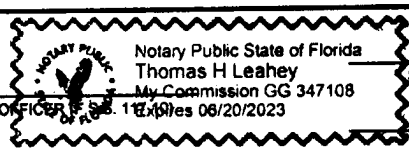
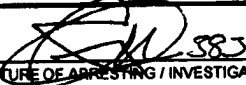
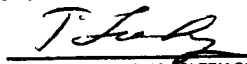
0514271

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-000397		
	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		Special Notes:		
D E F	Name (Last, First, Middle) LYNCH, DEBORAH ANN						Race W	Sex F	Date of Birth 12/26/1950
	Charge Description 316.193(1) DUI - DRIVING UNDER INFLUENCE		Charge Description						Charge Description
V I C T I M	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 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>26</u> day of <u>January</u>, <u>2020</u> at <u>00:56</u> (Specifically include facts constituting cause for arrest)</p>									
P R O B A B L E	<p>On 01/25/2020 2351 hours, I responded to 2510 25th Ct. in the Town of Jupiter, Palm Beach County, FL in reference to a motor vehicle crash. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1916), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.</p>								
	<p>Upon arrival, I observed a blue 2019 Mazda SUV bearing FL tag # LZVI30 stopped, facing south, in the fenced in courtyard area of 2510 25th Ct. I observed the SUV had apparently traveled over the parking stop on the far west side of the parking lot, and crashed through the wooden fencing surrounding the aforementioned courtyard.</p>								
	<p>I observed a white female, later identified to be Deborah Lynch (w/f; 12/26/1950) by her valid Class E Florida driver license, standing outside the vehicle (behind it) in a vacant parking space. Lynch was in the company of Officer Turner, who had already collected her documents. I made contact with Officer Baynham, who advised Lynch was already outside of the vehicle when he arrived. Officer Baynham advised me that Lynch was picking off leaves from nearby bushes and eating them (see supplement from Officer Baynham).</p>								
	<p>I made contact with a witness, Sarah Beswick (w/f; 06/12/1961), who was the resident of 2510 25th Ct. Beswick advised me she was sleeping when she was awoken by a loud crash noise. She stated she looked out the second story window and observed the aforementioned vehicle had crashed through her courtyard fence and identified the driver to be Lynch. A sworn BWC recorded statement was later recorded from Beswick.</p>								
S T A T E M E N T	<p>I made contact with Lynch and observed she had glassy eyes. I asked Lynch what happened and gathered the information necessary to complete the crash investigation. While I spoke with her, I noted Lynch's speech was slurred at times. I could also smell the odor</p>								
	SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		YUCHUM, CRAIG (1185) NAME OF OFFICER (PLEASE PRINT)		
A D M I N I S T R A T I V E	 NOTARY PUBLIC / CLERK OF COURT / OFFICER OF FLA. 1185 (19) expires 06/20/2023		01/26/2020 DATE		01/26/2020 DATE		PAGE 1 OF 3		

COURT

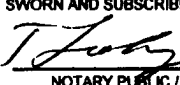
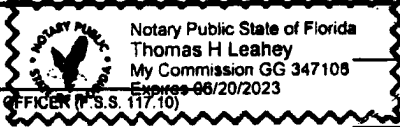

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBT'S Number A D M I N D E F P R O B A B L E C A U S E S T A T E M E N T A D M I N I S T R A T I V E	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
Agency ORI Number: FL 0501700		Agency Name: JUPITER POLICE DEPARTMENT		Agency Report Number: 5 4 20-000397	
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): LYNCH, DEBORAH ANN			Race: W	Sex: F	Date of Birth: 12/26/1950
<p>of an unknown alcoholic beverage on her breath which intensified as she spoke. I returned to my patrol vehicle while I completed the preliminary crash paperwork. I then returned to Lynch and requested she walk to the front of my patrol vehicle to speak with her further. Lynch complied.</p> <p>I advised Lynch that the crash investigation was complete and that I was starting a criminal DUI investigation. I read Lynch her Miranda Warnings and confirmed she understood each one. I again asked Lynch what happened and she advised she was attempting to pull into the parking space when she mistook the brake from the gas and crashed through the fencing. Lynch confirmed she was driving her vehicle and was in the company of a passenger, Denice DeMercie (w/f; 08/05/1956). Lynch further advised she was coming from the Double Roads Tavern where she consumed one alcoholic beverage. When asked to estimate her level of impairment on a scale of 1 (being sober) to 10 (being sick), Lynch advised she was a 3. She stated she could not feel the effects of the alcohol.</p> <p>I advised Lynch I suspected she may be under the influence and I had a series of tasks I wanted her to perform to dispel my suspicions. Lynch asked me to describe the tasks and I briefly described the Horizontal Gaze Nystagmus task, Hand Coordination, Palm Pat, and Finger to Nose. It should be noted that, due to Lynch's age (69), I was going to have her perform the Seated Battery of SFSTs, in accordance with my training. After briefly explaining each task, Lynch advised she was willing to participate in the exercises.</p> <p>Lynch's performance during the Seated Battery of SFSTs was poor and she was ultimately placed under arrest for DUI. I secured Lynch in handcuffs behind her back which were checked for proper spacing and double-locked to prevent tightening. I sat Lynch in the rear passenger seat of my patrol vehicle and waited for Officer Anderson, a female officer, to respond and conduct a search of Lynch's person.</p> <p>I transported Lynch to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period to ensure she did not ingest or regurgitate anything orally. At the conclusion of the observation period, I requested Lynch provide a lawful sample of her breath for the purpose of determining the alcohol content. Lynch initially agreed but later asked what would happen if she did not provide a breath sample. I advised Lynch of her Implied Consent warning (excluding the CDL portion of Implied Consent) and confirmed she understood. I again requested Lynch provide a breath sample and she agreed.</p> <p>Lynch ultimately provided two, adequate breath samples of .136 and .129, both over the legal per se limit of .08.</p> <p>I advised Lynch of her Miranda Warnings and confirmed she understood each one. I</p>					
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				SIGNATURE OF ARRESTING INVESTIGATING OFFICER  Yochum, Craig (1185) NAME OF OFFICER (PLEASE PRINT)	
01/26/2020 DATE		01/26/2020 DATE		PAGE 2 of 3	

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

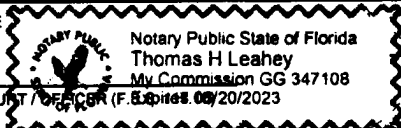

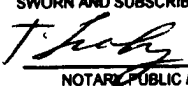
A D M I N I S T R A T I V E	OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-000397
	Charge Type: Check as many as apply.	Special Notes:			

D E F	Name (Last, First, Middle) LYNCH, DEBORAH ANN	Alias	Race W	Sex F	Date of Birth 12/26/1950
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conducted a post-arrest/post-Miranda interrogation with Lynch and ultimately secured her in a holding cell while I completed the arrest paperwork.

Due to the aforementioned facts resulting from my investigation, I find Probable Cause exists to charge Deborah Lynch with DUI pursuant to FSS 316.193(1).

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
	 NOTARY PUBLIC / CLERK OF COURT / DEACON (F.S. § 119.09)		Yochum, Craig (1185) NAME OF OFFICER (PLEASE PRINT)
	01/26/2020 DATE		01/26/2020 DATE

PAGE
3 OF 3

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: 80-006478 Software: 8100.27
Date of Test: 01/26/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 02:00

Subject's Name: DEBORAH A LYNCH

DOB: 12/26/1950 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	02:25
	Air Blank	0.000	02:25
	Control Test	0.080	02:26
	Air Blank	0.000	02:26
	Subject Sample #1	0.136	02:27
	Air Blank	0.000	02:28
	Air Blank	0.000	02:29
	Subject Sample #2	0.129	02:32
	Air Blank	0.000	02:33
	Control Test	0.080	02:33
	Air Blank	0.000	02:34
	Diagnostics Check	OK	02:34

Cylinder Lot: 13518080A5
Exp: 08/05/2020

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 PARIS D POUND, 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: 01/26/20

Sworn to (or affirmed) before me this 26th day of JANUARY, 2020

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 # 20-030516 PBSO ZONE 3-13

AGENCY CASE # 20-000397 CRASH CASE # _____

TIME OF STOP/CRASH 2340 DATE 01/25/2020 DAY Saturday

SUBJECT'S NAME Lynch Deborah A RACE W SEX F
LAST FIRST MID

HGT 502 WGT 140 DOB 12/26/1950

LOCATION 2510 25th Ct. Jupiter, FL 33477

ARRESTING OFFICER'S NAME & ID Craig Yochum #383 AGENCY Jupiter PD

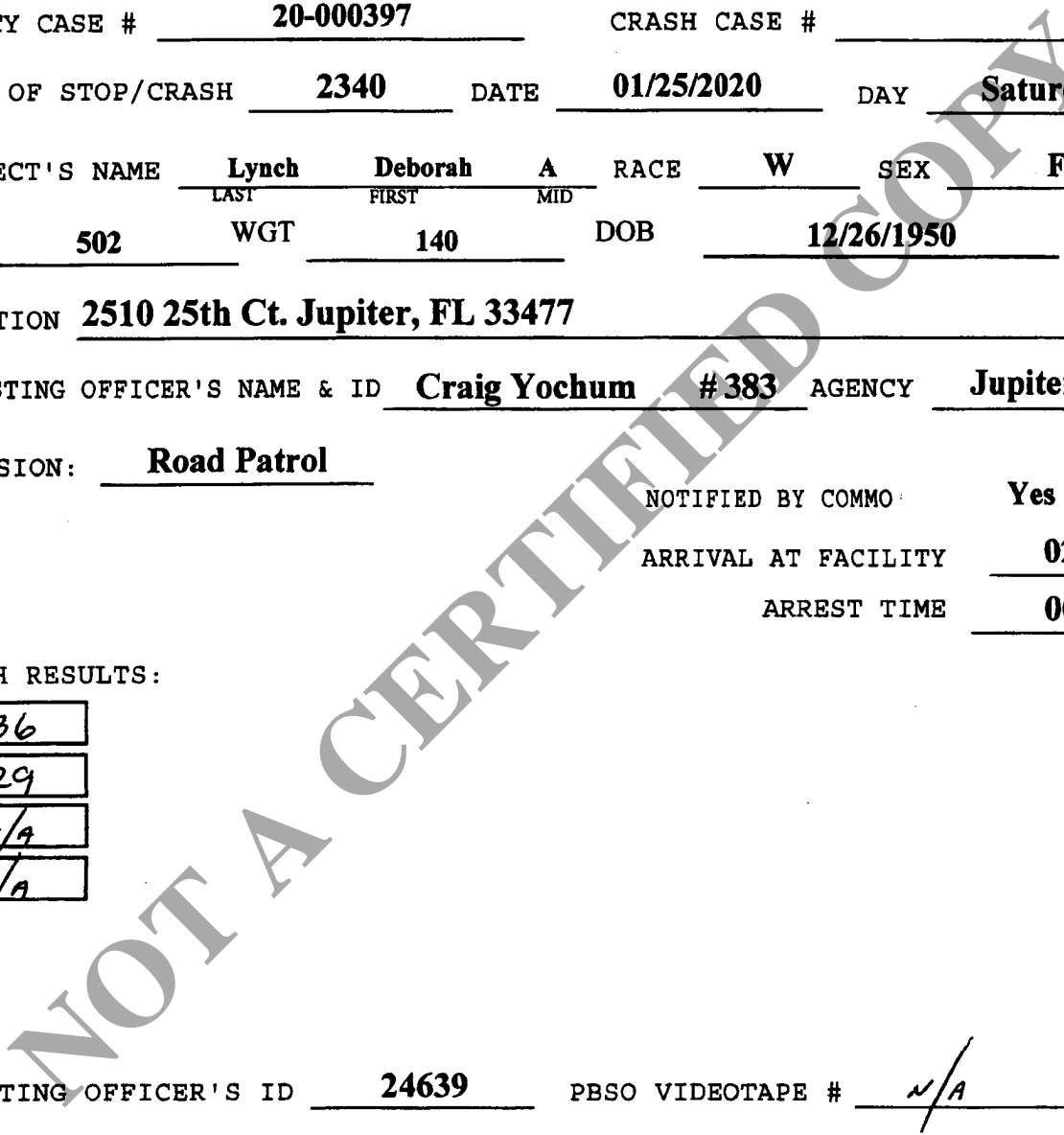
DIVISION: Road Patrol

NOTIFIED BY COMMO: Yes
 ARRIVAL AT FACILITY 0200
 ARREST TIME 0056

BREATH RESULTS:

- 1) .136
- 2) .129
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A



TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: LYNCH, DEBORAH A CASE NUMBER: 20-030516

DATE: 01/20/20 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:21 ENDING TIME: 02:42

BREATH TESTS RESULTS: 1) .136 TIME 02:21 A.M./P.M. 2) .127 TIME 02:32 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. POUND #24631

MAINTENANCE TECHNICIAN: J. HARVEY #24631

TESTING OFFICER'S OBSERVATIONS

SPEECH: COHERENT

ATTITUDE: COOPERATIVE

CLOTHING: BLUE JEANS, BLUE JEAN HAT, TAN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: COCAINE

OTHER: EYES

COMMENTS: Arrived at center at 02:00 hrs. Arrived observation room at 02:00 hrs.

A. ASKED TO TAKE TEST.

B. ASKED WHAT IF HE DON'T TAKE TEST.

A/P. ASKED IF HE WANTED THE OBSERVED 3/4

AND ASKED TO TAKE TEST.

A/P. ASKED RIGHTS A. SAID HE UNDERSTOOD RIGHTS.

TESTING OFFICER'S TEST RESULTS:

A. SAID HE UNDERSTOOD TEST RESULTS.

A/P. UNDERSTOOD TEST

QUESTIONS.

WITNESS LIST

CASE NUMBER: 20-000397

ARRESTING OFFICER: Craig Yochum

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Sarah Beswick

ADDRESS: 2510 25th Ct. Jupiter, FL 33477

PHONE NUMBERS (HOME) _____ (WORK) (561) 900-5014

CAN TESTIFY TO: BWC Statement

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 _____

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CAN TESTIFY TO: _____

NAME: _____

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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: _____

NOT A CERTIFIED COPY

SUBJECT: Lynch, DEBORAH A CASE NUMBER: 70-11797

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? FRONTING IN LINE

DIRECTION OF TRAVEL? Down WHERE DID YOU START? Route 1

WHAT TIME DID YOU START? 15-20 MIN BEFORE WHAT TIME IS IT NOW? 2:10 - 2:15

WHAT IS TODAY'S DATE? 1/25 WHAT DAY OF THE WEEK IS IT? SUNDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? Plainfield County

WHEN DID YOU LAST EAT? 7:30 - 8:00 WHAT DID YOU EAT? Food, drinks, waffles

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? None with you

HOW MUCH DO YOU WEIGH? 139 HAVE YOU BEEN DRINKING? Alcohol WHAT? WINE

HOW MUCH? 2 glasses WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 2:00 - 2:30 AND YOUR LAST DRINK? 2:10

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Not at all ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? Nurse Practitioner WHEN DID YOU LAST WORK? Dec 7, 2019

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

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? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Levamisole (10mg), Gabapentin (150mg), Sertraline (100mg) WHEN? 1/25/20

- DO YOU HAVE: EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

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? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Mass, NY

INTERVIEWER: _____

SUBJECT: LYNCH, DEBORAH A CASE NUMBER: 20-21-197

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 Or. Const. Yeoman of the Justice Dept.

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) READ IN CANICA

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 CANICA



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: 2020002830	Date: 01/27/2020
	Specialist Name/ID: AM/31562