

OBTS Number		21CT15611NB		Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for warrant 4. Request for Capias		1		Juvenile		N								
ADMINISTRATIVE	Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 21004098															
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator													
	Location of Arrest (Including Name of Business) 4340 Union Square Blvd, PBG, FL 33418						Location of Offense (Business Name, Address) 4340 Union Square Blvd, PBG, FL 33418															
	Date of Arrest 09/18/2021		Time of Arrest 21:42		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 4701 East Ave. WPB, FL									
DEFENDANT	Name (Last, First, Middle) Rodriguez, Dorkas,														Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 08/22/1944		Height 5'02"		Weight 120		Eye Color Brown		Hair Color Brown		Complexion Light		Build Small					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tatto: Heart, Right Lgg										Marital Status Widowed		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.							
	Local Address (Street, Apt. Number) 4045 Pinella Cir Apt. 538 Palm Beach Gardens FL 33418						Phone (561) 335-9000		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1													
	Permanent Address (Street, Apt. Number) 4045 Pinella Cir Apt. 538 Palm Beach Gardens FL 33418						Phone		Address Source FCIC/NCIC													
	Business Address (Name, Street) 						Phone		Occupation 													
	D/L Number, State R362178448020 FL		Soc. Sec. # 		INS Number 		Place of Birth (City, State) La Havana, Cuba		Citizenship US													
	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	
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle) 														Residence Phone						
Address (Street, Apt. Number) (City) (State) (Zip) 														Business Phone								
Notified by: (Name) (Date) (Time) 														Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated								
Released To: (Name) Relationship 														Date		Time						
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)														School Attended		Grade						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property 														Value of Property								
Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver C. Produce/ A. Amphetamine B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown P. Possess T. Traffic E. Use Cultivate C. Cocaine E. Heroin O. Marijuana O. Opium/Deriv. S. Synthetics														Drug Type		Statute Violation Number		Violation of ORD #				
Charge Description DUI - Normal Faculties Impaired														Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #		
Drug Activity Drug Type Amount / Unit Offense # N/A														Warrant / Capias Number		Bond						
Charge Description Counts Domestic Violence 														Statute Violation Number		Violation of ORD #						
Drug Activity Drug Type Amount / Unit Offense # 														Warrant / Capias Number		Bond						
Charge Description Counts Domestic Violence 														Statute Violation Number		Violation of ORD #						
Drug Activity Drug Type Amount / Unit Offense # 														Warrant / Capias Number		Bond						
Charge Description Counts Domestic Violence 														Statute Violation Number		Violation of ORD #						
Drug Activity Drug Type Amount / Unit Offense # 														Warrant / Capias Number		Bond						
NOTICE TO APPEAR	Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700																					
	Court Date and Time Month October Day 20 Year 2021 Time 10:00 AM <input checked="" type="checkbox"/> PM																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I 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 09/18/2021																						
Signature of Defendant (or Juvenile and Parent /Custodian) 														Date Signed 								
ADMIN	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer 				Name Verification (Printed by Arrestee) SEP 19 AM 1:55															
	Intake Deputy Dennis GRL		I.D. # 		Pouch # 		Name of Arresting Officer (Print) James Lovett				I.D. # 523											
							Transporting Officer James Lovett				ID # 523											
							Agency PBPGD				Witness here if subject signed with an "X" 											

m526031

2078

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 18 day of September 2021 at 20:43 ☐ AM ☒ PM

Subject: Rodriguez, Dorkas, Case Number: 21004098

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: James Lovett 523

PERSONAL CONTACT

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

Ofc. Tom Gorman #539 and Ofc. Ryan Smith #489 responded to 4340 Union Square Blvd. in the City of Palm Beach Gardens, Palm Beach County, FL in reference to a vehicle crash. Upon their arrival they observed Dorkas Rodriguez standing near a red Audi bearing FL tag GTJS37. Rodriguez admitted she was driving the red Audi that struck two other vehicles. Ofc. Smith observed several indicators of impairment during his contact with Rodriguez. See Ofc. Forman's crash report (21004097) for full details of the crash and Ofc. Smith's supplemental report for details of the indicators of impairment.

OBSERVATION OF DRIVER:

I responded on scene to conduct a DUI investigation. At the conclusion of Ofc. Gorman's crash investigation, I informed Rodriguez that I would now be conducting a criminal investigation. When I initially approached her vehicle, she was slumped sideways. While conversing with Rodriguez, I observed her eyes to be bloodshot and glassy. I also observed her to have trouble balancing while standing, walking, and sitting.

DRIVER STATEMENTS:

Rodriguez stated she had drank a little bit of wine and was on her way to get more because she ran out. During SFST's, she asked if I smoked because she wanted to smoke.

ODORS: The odor of an unknown alcoholic beverage emitting from Rodriguez's breath at a conversational distance

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Leopard print pants, black shirt, sandals

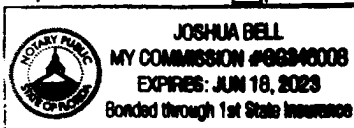
MEDICAL/OTHER: 2 leg surgeries

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 18 day of September 20 21 by James Lovett 523 who is ☒ personally known to me or ☐ produced

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



STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Rodriguez, Dorkas,

Case Number: 21004098

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

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

RIGHT EYE

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

Other Observations:

Due to Rodriguez having trouble balancing, this task was modified so that she was in a partial seated position.

Walk+Turn/One Leg Stand ☒

These tasks were not completed due to Rodriguez stating she had 2 leg surgeries and her obvious difficulties with balancing.

Rhomberg Alphabet ☒

Rodriguez stated she understood all instructions. Rodriguez recited the alphabet in a mix of english and spanish in the following manner. ABCABCDEABCDACF..."MORE"...ABCDEFABCDEFABEOBQRSTUCSDLMNOPTRSEUV. Rodriguez opened her eyes multiple times during the task.

Finger to Nose ☒

Rodriguez stated she understood all instructions. Her sequences were observed as follows: 1st Left: Fingernail to tip of her nose 1st Right: Fingernail to the tip of her nose 2nd Left: Fingernail to the bottom of her nose and she opened her eyes 2nd Right: Fingernail to right nostril then tip of her nose 3rd Right: Initially lifted her left finger. Then missed her nose to the right then pad of her finger to the tip of her nose 3rd Left: touched the her right nostril then brought her fingernail to the tip of her nose

Breath Results ☒

It is noted that the two results listed below were volumes not met. Rodriguez could not perform the test correctly and was instructed multiple times. This was subsequently considered a refusal.

BREATH RESULTS: 1) .047 @ 22:55 2) .050 @ 23:01 3) Refusal @ 4) Refusal @

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 18 day of September 20 21 by James Lovett 523 who is ☒ personally known to me or ☐ produced

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



JOSHUA BELL
MY COMMISSION #66340008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

STAMP

**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: 09/18/2021

Date of Last Agency Inspection: 09/10/2021

Observation Period Began: 22:21

Subject's Name: DORKAS T RODRIGUEZ

DOB: 08/22/1944 Sex: F

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	22:51
	Air Blank	0.000	22:51
	Control Test	0.080	22:51
	Air Blank	0.000	22:52
	Subject Sample #1	VNM*	22:55
	Air Blank	0.000	22:56
	Air Blank	0.000	22:57
	Subject Sample #2	VNM**	23:01
	Air Blank	0.000	23:01
	Control Test	0.079	23:02
	Air Blank	0.000	23:02
	Diagnostics Check	OK	23:02

*Volume Not Met (0.047 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Volume Not Met (0.050 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 JOSHUA J BELL, 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: 09/18/21
Signature

Sworn to (or affirmed) before me this 18 day of September, 2021

[Signature] OPC. J. Lovett #523
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.

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: RODRIGUEZ, DORKAS T

CASE NUMBER: 21-108137

DATE: Sep 18, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2247

ENDING TIME: 2303

BREATH TESTS RESULTS: 1) .047vng TIME 2255 A.M. ☐ P.M. ☒ 2) .050vng TIME 2301 A.M. ☐ P.M. ☒
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, BROKEN ENGLISH

ATTITUDE: TALKATIVE

CLOTHING: BLACK LONG SLEEVE SHIRT, LEOPARD PRINT PANTS, BLACK FLIP FLOPS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, DEPRESSION

MEDICATIONS: LORAZEPAM, HYDROXYZINE, POTASSIUM

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2221 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

SUBJECT FAILED TO MAINTAIN STEADY TONE, SUBJECT STOPPED BLOWING BEFORE BEING TOLD TOO.
SUBJECT WOULD BLOW A SHORT TIME AND TRY TO SUCK AIR IN REAL QUICK SUBJECT CONTINUED TO DO
THIS EVEN AFTER BEING TOLD NOT TOO

A/O READ I.C AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD I.C / SUBJECT STATED SHE WOULD CONTINUE BREATH TEST

SUBJECT AGAIN FAILED TO MAINTAIN STEADY TONE, SUBJECT AGAIN STOPPED BLOWING BEFORE BEING
TOLD TOO

A/O CALLED A REFUSAL AT 2301 HOURS

A/O READ RIGHTS

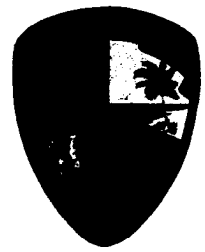
SUBJECT READ RIGHTS FROM SPANISH CARD / SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

Q AND A NOT CONDUCTED

REFUSED



PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET



PBSO Case #: 21-108137 PBSO Zone: 3-13

Agency Case #: 21004098 Crash Case #: 21004097

Incident Information:

Time of Stop/Crash: 20:43 Date of Incident: 09/18/2021 Day: Saturday

Location of Incident: 4340 Union Square Blvd, PBG, FL 33410

Arrest Information:

Time of Arrest: 21:42 Date of Arrest: 09/18/2021 Day: Saturday

Location of Arrest: 4340 Union Square Blvd, PBG, FL 33410

Subject's Name: Rodriguez, Dorkas DOB: 08/22/1944

Race: W Sex: F Height: 5'02" Weight: 120

Arresting Officer's Name: James Lovett ID#: 523

Agency: PBGPD Division: Road Patrol

Breath Results

- 1) .047 at 2255 hrs.
- 2) .050 at 2301 hrs.
- 3) N/A at _____ hrs.
- 4) N/A at _____ hrs.

REFUSED

Breath Test Operator: 8656

---BAT Use---

BAT Notified: Yes

Arrival Time at BAT: 22:21

Subject Arrest Time: 21:42

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **James Lovett**, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 18 day of September, 20 21, at 21:42 ☒ P.M. ☐ A.M.

DRIVER **Dorkas** **Rodriguez**
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **R362178448020**, state of **FL**, was placed under lawful arrest for

the offense of **DUI - Normal Faculties Impaired** by **James Lovett** and
(Name of Arresting Officer)

issued Citation # **AECPLFE**

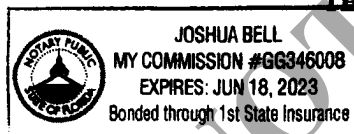
That on or about the 18 day of September, 20 21, at 2301 ☒ P.M. ☐ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a ~~X~~ **breath and/or** ~~urine~~ test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL.)

The foregoing instrument was sworn and subscribed before

me this 18 day of September, 20 21,

by **James Lovett**,

who is personally known to me or who has produced

Known as identification

Notary Public Joshua Bell

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

DUI WITNESS LIST

21004098

Arresting Officer: James Lovett 523 Email: JLovett@PBGFL.com
Agency Address: 10500 N. Military Trl, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: Ofc. Tom Gorman #539 Ofc. Ryan Smith #489
Agency Address: 10500 N. Military Trl. PBG, FL, 33410 Phone: (561) 799-4445
Can Testify To: Crash investigation - Gorman Investigation- Smith

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: Bell ID: 8656 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

SUBJECT: Richard D. Frost CASE NUMBER: 21-004078

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: Eric J. Lovett #520

SUBJECT: Redmond, Doreen T CASE NUMBER: 21-004175

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



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021023385

Date: 9/19/2021

Specialist Name/ID: J. Beck/9007