

0514874

20 CT 2860

1522

ARREST NOTICE TO APPEAR
Juvenile Referral Report



3. Request for Warrant
4. Request for Capias

01

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-039337				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 02 1. Yes 2. No		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business) Gertrude Dr / Ray Court, Lantana, FL 33462				Location of Offense (Business Name, Address) Gertrude Dr / Ray Court, Lantana, FL 33462						
	Date of Arrest 02/18/2020	Time of Arrest 01:25	Booking Date 02/18/2020	Booking Time	Jail Date	Jail Time	Location of Vehicle Priority Towing				
Name (Last, First, Middle) Horne, Eduarda, A								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F	Date of Birth 09/04/1991	Height 5'02	Weight 125	Eye Color Brown	Hair Color Brown	Complexion Medium	Build Small		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None visible				Marital Status Married	Religion NONE	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number) 2925 Sierra Pine Dr, Lake Worth, FL 33324		(City)	(State)	(Zip)	Phone (561) 900-6991	Residence Type: 1. City 2. County 3. Florida 4. Out of State 02					
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source Drivers License					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation					
D/L Number, State H650201918240, FL		INS Number		Place of Birth (City, State) Salvado, Brazil		Citizenship Brazilian					
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						
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		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 N. N/A P. Possess		S. Sell T. Traffic	R. Smuggle D. Deliver 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/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI		Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)(a) RD		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-039337	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) South County Courthouse - 200 W. Atlantic Ave, Delray Beach FL 33444											
Court Date and Time Month March Day 9 Year 2020 Time 8:30 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											
Signature of Defendant (or Juvenile and Parent /Custodian) <i>[Signature]</i>				Date Signed 02/18/2020							
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) FEB 18 AM 5:44							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S Ryan Dalton #32421		I.D. #		PAGE					
Inmate Deputy <i>[Signature]</i>		ID # 696		Pouch #		Witness here if subject signed with an -X" 01 OF 01					
Transporting Officer D/S Ryan Dalton		ID # 32421		Agency PBSO							

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20-039337
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes: Supplemental PC
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) Horne, Eduarda,	Alias	Race W	Sex F	Date of Birth 09/04/1991
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Charge Description DUI	316.193(1)	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		

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.
 The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **18th** day of **FEBRUARY** 20**20** at **0016** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 02/18/2020, at approximately 0016 hours, I was dispatched 2569 Ray Ct, in the unincorporated area of Lake Worth, Palm Beach County, Florida, in reference to a suspicious vehicle driving back and forth through a neighborhood.

Upon arrival, I observed a white Lexus bearing Florida tag NLJY24 driving strangely up and down Gertude Dr and Ray Ct. I observed the Lexus pulling into several driveways then backing out. On one occasion as she backed out of a driveway, the rear of her vehicle struck the landscaping (bushes) of a neighboring home. The Lexus continued to drive slowly on Gertrude and made wide turns through various yards, narrowing striking vehicles and mailboxes. Based on the driving, I conducted a welfare check on the driver to determine if they were suffering from a medical condition or needed assistance. At this point the vehicle had turned back around and gone to the end of Gertrude Dr into a private driveway (2375).

I made contact with the white female driver, identified verbally as Eduarda Horne (W/F DOB: 09/4/1991). She was the sole occupant inside of a white Lexus at the time I made contact with her. When I asked her how did she get to the neighborhood Eduarda couldn't remember. While speaking with Eduarda I noticed that she had a slurred speech and glassy eyes. I also could smell the odor of an unknown alcoholic beverage coming from her person. I asked her to turn off the ignition which took her several minutes to find the keys while they were in the ignition. Eduarda then handed the vehicle key to me as she was inside the vehicle in the driver's seat. When I asked her for her Florida driver's license she kept looking inside of a booklet which she had inside of her vehicle glove compartment. Eduarda did not know where she had placed her cell phone or wallet at the time of the stop. Based on my observation I requested Deputy Dalton #32421 to respond to the scene to assess Eduarda for impairment.

The investigation was then turned over to him.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 FRIDRICK GERMAIN 31448
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **18th** day of **FEBRUARY** 20**20** by **FRIDRICK GERMAIN**
 Know LEO

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)
D/S Ryan Dalton #32421
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF February 20 20, AT 00:29 AM PM
SUBJECT: Horne, Eduarda, A CASE NUMBER: 20-039337

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Ryan Dalton #32421

PERSONAL CONTACT

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

A concerned citizen called in a suspicious vehicle that he later identified as having possibly struck a neighbor's mailbox. The complainant stated that the vehicle had been driving aimlessly up and down the street. D/S Germaine #31848 arrived on scene and observed a white Lexus bearing Florida tag NLJY24 driving back and forth on Ray Ct and Gertrude Dr. D/S Germaine stated that the Lexus had driven into the bushes and through yards, almost striking parked vehicles. D/S Germaine conducted a stop/welfare check on the vehicle to ascertain if the driver was having a medical problem and make contact with the driver for colliding with the landscaping and slowly driving off. D/S Germaine stated that while speaking to the driver, he noted that she had slurred speech, glassy eyes, and had no idea where she was or where she was going. She was heavily disoriented and confused (see attached supplemental PC).

OBSERVATION OF DRIVER:

I then made contact with the driver of the Lexus who was parked in driveway of 2375 Gertrude Dr. and still in the drivers seat of the vehicle; there were no other occupants. The driver was identified as Ms. Eduarda Horne via her name and date of birth (then subsequently her DAVID photo). While speaking to her I observed that her speech was heavily slurred, her eyelids were droopy, eyes glassy, and her mannerisms were very lethargic. She seemed disoriented and confused. I asked Ms. Horne to step out of the vehicle and instructed her as to the reason why I was on scene. When she stepped out of the vehicle she appeared unbalanced and unsteady on her feet. She had no idea where she was at, making comments that she was in Broward at times. She made a statement asking about whether we were BSO (Broward Sheriff's Office), and asked here her dogs were. She had no recollection as to why she was in the area or how her vehicle ended up having branches and tree limbs inside the open windows. When asked, she confirmed that she was not diabetic but that she had been in a car crash in 2011 and had sustained a back injury. I asked Ms. Horne if she would be willing to perform field sobriety exercises, to which she stated that she would. The area where the exercises were attempted was level, clear of debris, and had a clearly marked yellow line that I placed down using duct tape.

DRIVER'S STATEMENTS:

Stated she had come from an AA meeting. Very inconsistent responses and statements. Stated that she was not diabetic but that she does have depression and anxiety.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: Slurred, mumbled

ATTITUDE: Polite

CLOTHING: Grey Shirt, Blue Jeans

MEDICAL/OTHER: Depression, anxiety.

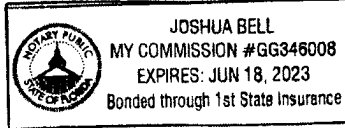
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ryan Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of February 20 20 by D/S Ryan Dalton #32421

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

J Bell
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
FEB 18 2020

SUBJECT: Horne, Eduarda, A

CASE NUMBER 20-039337

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:

Ms. Horne had a very difficult time following instructions. I had to repeatedly instruct her to put her feet together, to keep following the light, and to stop moving her head. She would look past the light and stop focusing on it, then would look at me. On several occasions she would anticipate the light movement and look in the direction of the light but not follow the pen light. I had to repeatedly explain and reinstruct her. Ms. Horne exhibited a sway and at times, staggered to the point where I was concerned for her safety and potentially falling

WALK & TURN:

The next exercise I asked her to perform was the Walk & Turn. I explained and demonstrated the exercise to Ms. Horne until she confirmed that she understood. She had a very difficult time following instructions and was very unsteady on her feet while standing. I had to walk her through each and every step of the exercise several times. She would say that she understands, then when she was about to being, make a comment that she didn't. I repeatedly explained and demonstrated until she finally confirmed she understood. During her attempt(s) at the exercise I observed the following clues of impairment: unable to maintain balance while listening to instructions; attempted to begin the exercise before being instructed to do so; she stepped off the line; he failed to touch heel-to-toe; she raised her arms for balance; she took the incorrect number of steps; and she failed to perform the turn-around as instructed. She attempted the exercise several times, and exhibited most of the above referenced indicators on each attempt. There were a few times that she staggered off the line to the point where I felt that she may fall and had to reach out in the event she did.

ONE LEG STAND:

The next exercise I asked Ms. Horne to perform was the One Leg Stand. I explained and demonstrated the exercise to her until she confirmed that she understood. She had a very difficult time following my instructions and was very unsteady on her feet. When she attempted the exercise I observed the following clues of impairment: swayed while balancing, put foot down several times, and raised arms for balance. On one attempt she grabbed her right leg behind the knee and lift it in that manner. She was extremely disoriented and unable to follow simple instructions no matter how many times I walked her through it and she confirmed she understood. Due to Ms. Horne's increased lack of balance and for fear of her potentially falling due to her impairment, I felt it was safest to conclude the exercises at that point.

FINGER TO NOSE:

Unable to perform due to level of impairment and potential for falling.

ROMBERG ALPHABET:

Unable to perform due to level of impairment and potential for falling.

BREATH TEST RESULTS: 1) .000 2) .000 3) (Urine) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

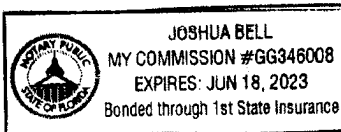
D/S Ryan Dalton #32421 *RD*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of February 2020 by D/S Ryan Dalton #32421

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

J Bell
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED
FEB 18 2020

WITNESS LIST

CASE NUMBER: 20-039337

ARRESTING OFFICER: D/S Ryan Dalton #32421

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Physical control of vehicle, field sobriety, arrest, breath test, urine sample

NAME: D/S F. Germaine #31848

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: First on scene. Observed driver operating vehicle, strike landscaping and drive through lawns

NAME: Julian Tuck

ADDRESS 2536 Ray Ct, Lantana FL 33462

PHONE NUMBERS (HOME) _____ (WORK) 305-992-8257

CAN TESTIFY TO: Initial caller

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

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: _____

SCANNED
FEB 18 2020

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: HORNE, EDUARDA A

CASE NUMBER: 20-039337

DATE: 02/18/20

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0258

ENDING TIME: 0319

BREATH TESTS RESULTS: 1) .000 TIME 0303 A.M./P.M. 2) .000 TIME 0306 A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, COOPERATIVE / REPETITIVE, TALKATIVE

CLOTHING: GREY/BLACK LONG SLEEVE SHIRT, BLUE JEANS, WHIT/BLACK SNEAKERS

MEDICAL CONDITIONS: NONE / CRACKED SPINE, EPILEPSY

MEDICATIONS: CELEXA, LORAZEPAM, ZOLOFT, XANAX, ZOLPIDEM, KEPRA

OTHER: EYES: GLASSY

SUBJECT STATED SHE TOOK XANAX BEFORE DRIVING (Q AND Q)

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0232 HRS

SUBJECT STATED SHE WOULD TAKE BREATH TEST
TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT SAID OK TO BREATH TEST RESULTS

A/O REQUESTED A URINE SAMPLE

SUBJECT STATED SHE WOULD PROVIDE A URINE SAMPLE

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C AND AGREED TO PROVIDE A URINE SAMPLE

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

SUBJECT PROVIDED A URINE SAMPLE AT 0326

SUBJECT DECLINED TO SPEAK WITH A DRE

SCANNED

SUBJECT: Horne, Eduarda A

CASE NUMBER: 20-039337

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) _____

Read on camera

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

SCANNED

FEB 18 2020

SUBJECT: Horne, Eduarda A CASE NUMBER: 20-039337

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? to work

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? 7 WHAT DAY OF THE WEEK IS IT? Monday

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? Yes 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? Yes 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? No WHERE? _____

INTERVIEWER: D/S Dalton # 32421

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SCANNED
FEB 18 2020

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: 80-006477 Software: 8100.27
Date of Test: 02/18/2020

Date of Last Agency Inspection: 02/14/2020
Observation Period Began: 02:32
Subject's Name: EDUARDA A HORNE

DOB: 09/04/1991 Sex: M

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	03:01
	Air Blank	0.000	03:01
	Control Test	0.080	03:02
	Air Blank	0.000	03:02
	Subject Sample #1	0.000	03:03
	Air Blank	0.000	03:03
	Air Blank	0.000	03:05
	Subject Sample #2	0.000	03:06
	Air Blank	0.000	03:06
	Control Test	0.081	03:07
	Air Blank	0.000	03:07
	Diagnostics Check	OK	03:07

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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: 02/18/20
Signature

Sworn to (or affirmed) before me this 18 day of February, 2020
[Signature] D/S R. Dalton #32421
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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020005439	Date: 2/18/2020
	Specialist Name/ID: T Howard/7185

SCANNED
 FEB 18 2020