

0475605

2020 OCT 004999 AMB  
ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1119

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-051902</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile							
Charge Type: Check as many as apply.		1. Felony		3. Misdemeanor		5. Ordinance		Weapon Seized / Type		Multiple Clearance Indicator											
2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				1. Yes		2. No											
Location of Arrest (Including Name of Business) <b>4466 FOREST HILL BY WEST PALM BEACH FL 33406</b>						Location of Offense (Business Name, Address) <b>4466 FOREST HILL BY, WEST PALM BEACH FL 33406</b>															
Date of Arrest <b>03/22/2020</b>		Time of Arrest <b>0231</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>ALL TIME TOWING</b>									
Name (Last, First, Middle) <b>Cooper, Emma, Elizabeth</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>7/28/1995</b>		Height <b>5'09</b>		Weight <b>140</b>		Eye Color <b>GREEN</b>		Hair Color <b>BLON</b>		Complexion <b>FAIR</b>		Build <b>MEDIUM</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT RIBS AND ANKLE</b>												Marital Status <b>S</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>721 Kanuga Dr, West Palm Beach, FL 33401</b>						Phone <b>(703) 6234409</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State													
Permanent Address (Street, Apt. Number)						Phone		Address Source <b>DEFENDANT</b>													
Business Address (Name, Street)						Phone		Occupation													
D/L Number, State <b>C160205957680, FL</b>				Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>INDIANAPOLIS INDIANA</b>		Citizenship <b>US</b>											
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			
Parant Legal Custodian 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 355-2528) informed of any change of address.												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. Parapharmacia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>DUI</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #									
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>20-051902</b>		Warrant / Capias Number		Bond <b>OR</b>											
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) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>																					
Court Date and Time Month <b>APRIL</b> Day <b>16</b> Year <b>2020</b> Time <b>0830</b> 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)										Date Signed <b>03/22/2020</b>											
HOLD for other Agency Name:				Signature of Agency Contact				Name Verification (Printed by Arrestor) <b>SCANNED</b>													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV E. K. WHITE</b>				I.D. # <b>7209</b>		Witness here if subject signed with an X <b>MAR 23 2020</b>											
Inmate Only		D. #		Pouch #		Transporting Officer <b>INV E. K. WHITE</b>		ID # <b>7209</b>		Agency <b>PBSO</b>		PAGE <b>1</b> of <b>1</b>									

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant  
2 NTA 4 Request for Capias

1

Juvenile

ADMIN	OBTS Number		Agency ORI Number FL0 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 20-051902	
	Charge Type Check as many as apply		Special Note		Race W		Sex M	
CHARGES	1 Felony		3 Misdemeanor		5 Ordinance		Date of Birth 07/28/1995	
	2 Traffic Felony		4 Traffic Misdemeanor		6 Other			
DEF	Name (Last, First, Middle) COOPER, EMMA, ELIZABETH				Alias		Date of Birth	
	Charge Description DUI		Charge Description UNLAWFUL SPEED (75 in a 45 MPH Zone)		Charge Description		Charge Description	
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA				Race		Sex	
	Local Address (Street, Apt Number) City State Zip Phone				Address Source		Occupation Government	
<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 _____</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. _____ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>22</u> day of <u>MARCH</u> 20 <u>20</u> at <u>0200</u> <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p>On the above date and time, I observed a white Lexus SUV bearing FL tag #KTQZ44 traveling at a high rate of speed eastbound in the 7000 block of Forest Hill Blvd. WPB, FL 33415. As I attempted to catch up to the vehicle, I paced it for a quarter mile with my Certified Calibration at 75 MPH. The speed limit in this area is 45 MPH. I activated my overhead lights west of the intersection of Forest Hill Blvd and Military Trail. The vehicle slowed down but failed to pull over. The vehicle continued through the intersection, passing multiple locations to safely pull over. The vehicle finally pulled over in the Taco Bell parking lot located at 4466 Forest Hill Blvd. WPB, FL 33415.</p> <p>I made contact with the driver, who was identified via her FL Driver's License as Emma Cooper. I requested Cooper's License, Registration, and Insurance at which time she was slowly able to provide her Driver's License. Cooper took a longer amount of time to search for her registration and insurance, and eventually handed me just the title of the vehicle. Cooper was unable to retrieve the items I requested. While speaking with Cooper, I could smell the odor of an unknown alcoholic beverage emanating from her person. Cooper's speech was slurred. Also while speaking with Cooper, I observed an empty bottle of wine underneath the driver's seat and additional bottles in the backseat. A records check of Coopers Driver's License revealed a suspension since 01/01/2020. Cooper was issued a citation for Driving with a Suspended License and for Unlawful Speed.</p> <p>I requested a DUI unit to the scene, at which time Investigator White arrived and took over the investigation.</p> <p>I have no further involvement in this case.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				Signature of Arresting Investigative Officer		Date 22 day of MARCH 20 20	
	The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20 _____ by _____				D/S Maccarone 36183		Type of identification produced Personally Known	
Notary Public, Clerk of Court, Officer (F.S.S. 117, 1-0)				Signature of Notary		PAGE 1 OF 1		

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-20-051902</b>	
Charge Type: Check as many as apply.		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 <input type="checkbox"/>	
Name (Last, First, Middle) <b>Cooper, Emma, Elizabeth</b>		Alias		Race W	Sex F	Date of Birth 7/28/1995	
Charge Description <b>DUI</b>		316.193(1)A		Charge Description		Charge Description	
Victim's Name (Last, First, Middle)		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 22 day of MARCH 2020 at 0159  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

**On Sunday, March 22, 2020 at approximately 0200 hours, I was dispatched to the parking lot of Taco Bell, located at 4466 Forest Hill Boulevard, West Palm Beach (Palm Beach County) Florida to assist Deputy David Maccarone with a traffic stop that involved a possible drunk driver. Upon my arrival I noticed a white Lexus utility vehicle, bearing current Florida license plates "KTQZ44", stopped in the parking lot facing west. D/S Maccarone's patrol car was behind the vehicle with his emergency lights activated. I could see a white female subject, who was the sole occupant, sitting in the driver seat. I made contact with D/S Maccarone who told me the following regarding his traffic stop: On the above date and time, I observed a white Lexus SUV bearing FL tag#KTQZ44 traveling at a high rate of speed eastbound in the 7000 block of Forest Hill Blvd. WPB, FL 33415. As I attempted to catch up to the vehicle, I paced it for a quarter mile with my Certified Calibration at 75 MPH. The speed limit in this area is 45 MPH. I activated my overhead lights west of the intersection of Forest Hill Blvd and Military Trail. The vehicle slowed down but failed to pull over. The vehicle continued through the intersection, passing multiple locations to safely pull over. The vehicle finally pulled over in the Taco Bell parking lot located at 4466 Forest Hill Blvd. WPB, FL 33415.**

**I made contact with the driver, who was identified via her FL Driver's License as Emma Cooper. I requested Cooper's License, Registration, and Insurance at which time she was slowly able to provide her Driver's License. Cooper took a longer amount of time to search for her registration and insurance, and eventually handed me just the title of the vehicle. Cooper was unable to retrieve the items I requested. While speaking with Cooper, I could smell the odor of an unknown alcoholic beverage emanating from her person. Cooper's speech was slurred. Also while speaking with Cooper, I observed an empty bottle of wine underneath the driver's seat and additional bottles in the backseat. A records check of Coopers Driver's License revealed a suspension since 01/01/2020. Cooper was issued a citation for Driving with a Suspended License and for Unlawful Speed.**


**I requested a DUI unit to the scene, at which time Investigator White arrived and took over the investigation: D/S Maccarone wrote a sworn witness statement on a probable cause affidavit regarding this incident.**

STATE OF FLORIDA  
COUNTY OF PALM BEACH


  
INV E. K. WHITE  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of MARCH 2020 by INV E. K. WHITE 7209  
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN

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

 MY COMMISSION #GG346008  
EXPIRES: JUN 18, 2023  
Bonded through 1st State Insurance

PAGE  
1 OF 3

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 20-051902</b>			
Charge Type: Check as many as apply.		Special Notes:					
<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			
Name (Last, First, Middle) <b>Cooper, Emma, Elizabeth</b>				Alias	Race W	Sex F	Date of Birth 7/28/1995
Charge Description <b>DUI</b>		316.193(1)A		Charge Description			
Charge Description				Charge Description			
Victim's Name (Last, First, Middle)				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.          The Person taken into custody</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. <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.							
On the <u>22</u> day of <u>MARCH</u> 20 <u>20</u> at <u>0159</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)							
<p>I made contact with the driver who was currently sitting in the driver seat of the previously mentioned vehicle. She was later identified as Emma Elizabeth Cooper by her Florida driver license. While speaking with her I noticed her eyes were red, watery and glossy. Her cheeks were flushed, mouth dry and she slurred her speech while speaking. Her movements were slow, calculated and lethargic. She was unsteady while standing. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of her vehicle. She was wearing black tights, a yellow "Washington Redskins" sweat shirt and red slides. I told the driver she was stopped for excessive speed. During the traffic stop I explained she drove an additional block prior to pulling into the parking lot. The deputy suspected her to have been drinking an unspecified amount of alcoholic beverages. I explained I shared his suspicion that she had been drinking an unspecified amount of alcoholic beverages. She admitted to drinking but said she had to take some friends toilet paper. Based on my suspicion I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She told me she has a prior DUI and could not go to jail tonight. She did agree to perform the SFSTs. Prior to her performance I asked if she had any physical problems with her body that would inhibit her from performing light physical exercises. I also asked if she was taking medication. She explained she neither has anything wrong with her physically, nor is she taking medication. I escorted her to a level surface that was smooth and free from obstructions and debris. I could now smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing her left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the deputy's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. I did a cursory search of her outer garments. She was secured in handcuffs (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list.</p>							
STATE OF FLORIDA COUNTY OF PALM BEACH				<b>INV E. K. WHITE</b>			
(Signature of Arresting Investigative Officer)							
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22</u> day of <u>MARCH</u> 20 <u>20</u> by <u>INV E. K. WHITE</u>							
(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.S. 117.10)				 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		KNOWN	
				PAGE 2 OF 3			

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

ADMIN DEF CHARGES VICTIM ADMINISTRATIVE

OBTS Number

Agency ORI Number FLO 500000

Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number 06-20-051902

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

Name (Last, First, Middle) Cooper, Emma, Elizabeth

Race W Sex F Date of Birth 7/28/1995

Charge Description DUI 316.193(1)A

Charge Description

Victim's Name (Last, First, Middle)

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. [X] was found to have committed the below acts, resulting from my (described) investigation.
On the 22 day of MARCH 20 20 at 0159 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

All Time Towing responded and impounded her vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted her into the nurses station to be examined for the COVID19 virus. Afterward I escorted her into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining her alcohol content. She obliged. The defendant gave two adequate breath samples that rendered results of .246 and .240. I read her Constitutional Rights in which she acknowledged. I asked if she would consent to an interview and she agreed. During the interview she invoked her "rights". The defendant was cited by the deputy for speeding and DWLS. She was booked into the main jail for DUI.

NOT A CERTIFICATE

STATE OF FLORIDA COUNTY OF PALM BEACH

[Signature]

INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of MARCH 20 20 by INV E. K. WHITE

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

[Signature] Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023

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# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF MARCH 20 20 AT 0159 PM

SUBJECT: Cooper, Emma, Elizabeth CASE NUMBER: 20-051902

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I HAVE BEEN DRINKING. I HAVE A PREVIOUS DUI

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

SPEECH: SLOW AND SLURRED

ATTITUDE: COOPERATIVE AND INATTENTIVE

CLOTHING: TIGHT BLACK PANTS, YELLOW SHIRT AND RED SHOES

MEDICAL/OTHER: NONE

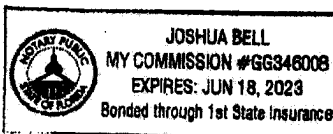
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV E. K. WHITE  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of MARCH 2020 by INV E. K. WHITE

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

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



SUBJECT: Cooper, Emma, Elizabeth

CASE NUMBER 20-051902

**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:**

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

**WALK & TURN:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject could not maintain her balance while placed in the instructional position. She swayed and lost her balance. During the task she did not touch heel to toe, she stepped off the line, she turned improperly and took an incorrect number of steps.

**ONE LEG STAND:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task, she raised her arms away from her side and she dropped her foot on the pavement once. She had to be reminded to look at her foot

**FINGER TO NOSE:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task, she failed to touch the tip of her finger to the tip of her nose on all six attempts. Rather she touched underneath her nostrils and the sides of her nose.

**ROMBERG ALPHABET:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. She failed to recite the 26 letter alphabet

BREATH TEST RESULTS: 1) 246 2) 240 3)      4)     

STATE OF FLORIDA  
COUNTY OF PALM BEACH

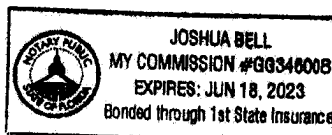
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of MARCH 2020 by INV E. K. WHITE

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

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



# TESTING FACILITY TASK REPORT

AGENCY:   
SUBJECT:   
CASE NUMBER:   
DATE:   
VIDEO DVD NUMBER:   
BEGINNING TIME:   
ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:   
MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:   
ATTITUDE:   
CLOTHING:   
MEDICAL CONDITIONS:   
MEDICATIONS:

## OTHER:

EYES: GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0315 HOURS  
SUBJECT STATED SHE WOULD TAKE BREATH TEST  
A/O READ RIGHTS  
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS  
TECH READ BREATH TEST RESULTS  
SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS  
A/O CONDUCTED Q AND A  
SUBJECT ANSWERED Q AND A

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: 03/22/2020

Date of Last Agency Inspection: 03/20/2020

Observation Period Began: 03:15

Subject's Name: EMMA E COOPER

DOB: 07/28/1995 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		03:38
	Air Blank	0.000	03:39
	Control Test	0.082	03:39
	Air Blank	0.000	03:40
	Subject Sample #1	0.246	03:40
	Air Blank	0.000	03:41
	Air Blank	0.000	03:43
	Subject Sample #2	0.240	03:43
	Air Blank	0.000	03:44
	Control Test	0.079	03:44
	Air Blank	0.000	03:45
	Diagnostics Check OK		03:45

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: 3/22/20  
Signature

Sworn to (or affirmed) before me this 22 day of March, 2020

[Signature] Inv. White #7209  
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.

# WITNESS LIST

CASE NUMBER: 20-051902

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: facts

NAME: D/S DAVID MACCARONE

ADDRESS: TRAINING

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: SEEING THE DEFENDANT'S VEHICLE IN MOTION

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (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: \_\_\_\_\_

NOT A CERTIFIED COPY

SUBJECT: Cooper, Emma E CASE NUMBER: 20-051902

### 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? Okeechobee of Southern

DIRECTION OF TRAVEL? E WHERE DID YOU START? Friend's House

WHAT TIME DID YOU START? 10 minutes before puller WHAT TIME IS IT NOW? 3:30 AM

WHAT IS TODAY'S DATE? no idea WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? WRB

WHEN DID YOU LAST EAT? Earlier today WHAT DID YOU EAT? Quisadia

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Sitting watching TV

HOW MUCH DO YOU WEIGH? 140 HAVE YOU BEEN DRINKING? NO 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: INV. White #7209

SUBJECT: Cooper, Emma E

CASE NUMBER: 20-051902

## 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 – 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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	12
	<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: 2020009028	Date: 03/23/2020
	Specialist Name/ID: AM/31562



FLORIDA DUI UNIFORM TRAFFIC CITATION A2GCKDP

COUNTY <b>Palm Beach</b>	<input type="checkbox"/> (1) F.M.P. <input type="checkbox"/> (2) P.B. <input checked="" type="checkbox"/> (3) B.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE)	AGENCY NAME
	AGENCY #

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED OFFICER THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

**COMPLAINT (RETAINED BY COURT)**

DATE OF VIOLATION <b>SUN 03 22 2020</b>	TIME <b>07 03</b>	AM/PM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
NAME (FULL NAME) <b>Emma, Elizabeth Cooper</b>		
STREET <b>721 Karuga Dr</b>		
CITY <b>West Palm Bch</b>	STATE <b>FL</b>	ZIP CODE <b>33401</b>
TELEPHONE NUMBER	DATE OF BIRTH <b>07 03 05</b>	SEX <b>M</b>
DRIVER LICENSE NUMBER <b>C16026595</b>	CLASSIFICATION <b>F</b>	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PLACARDED HAZARDOUS MATERIAL <b>NO</b>	PLACARDED PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COMPANION CITATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MILES <b>4106</b>	

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; AND DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT PERSONAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF .120

COMMENTS PERTAINING TO OFFENSE: (Only use driver seat data)

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER < 18 YEARS	STATE STATUTE	SECTION <b>316.193(5)(A)</b>
OWNER	DAMAGE TO OTHER PROPERTY	INJURY TO ANOTHER	VEHICLE BODY BURN TO ANOTHER

THIS IS A PRIMA FACIE VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT  
**4/16/2020 0830**  
**278 GUN CLUB DR A2GCKDP**  
**WPD, FL 33406**

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
I AGREE AND PROMISE TO COMPLY WITH THE CHARGES AND INSTRUCTIONS DESCRIBED IN THIS CITATION. I WILL REFUSE TO ACCEPT AND SIGN THE CITATION MAY RESULT IN MY ARREST. MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS FOR THIS VIOLATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF OFFICER  
*[Signature]*

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON **SUSP D/L**

ELIGIBLE FOR PERMIT?  YES  NO REASON

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE \_\_\_\_\_ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE. YOU MAY REQUEST, WITHIN 30 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES FOR REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST OR SECOND OFFENSE. OTHERWISE SIDE.

SIGNATURE OF OFFICER  
*[Signature]* **7209 WED/DUC**

RANK: SIGNATURE OF OFFICER: \_\_\_\_\_ BADGE NO. \_\_\_\_\_ CL. NO. \_\_\_\_\_ TITLE OF UNIT \_\_\_\_\_

HSNY 75004 (Rev. 7/13)

NOT A