

0520272

20CF10181AMB

3967

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant  
6. Arrest (Warrant) 4. Request for Capias  
2. N.T.A. 5. Juvenile Referral

1

JUVENILE

ADMI NIST RATIO ION	Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>	Agency Report Number (N.T.A.'s only) <b>3, 2   2020-014182</b>
DRE ND ANT	Change Type: <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. Offenses <input type="checkbox"/> 6. Other
	Location of Arrest (Including Name of Detainer) <b>2100 N OCEAN BLVD, BOCA RATON, FL, 2100 N OCEAN BLVD,</b>		Location of Offense (Business Name, Address) <b>2100 N OCEAN BLVD, BOCA RATON, FL 33432</b>
CO DE F	Date of Arrest <b>12/17/2020</b>	Time of Arrest <b>05:39</b>	Booking Date <b>12/17/2020</b>
	Time of Booking <b>06:26</b>	Arrest Time <b>06:26</b>	Location of Vehicle <b>EMERALD TOWING</b>
J U V E N I L E	Name (Last, First, Middle) <b>HABER, GAL</b>	Alias: <b>TATT BOT BREAST / INFINITY; MARK BACK BACK / LIGHTHOUSE</b>	Alias (Name, DOB, Sex, Sec. 6, Etc.)
	Sex <b>F</b>	Date of Birth <b>06/27/1991</b>	Height <b>5'04</b>
C H A R G E	Weight <b>120</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>
	Complexion <b>LIGHT</b>	Build <b>Small</b>	Religion <b>JEWISH</b>
I N T A K E	Local Address (Street, Apt. Number) <b>1830 RADIUS DR 713, HOLLYWOOD, FL 33020</b>	Phone <b>(305) 497-0276</b>	Business Phone
	Business Address (Street, Apt. Number) <b>DIAMOND DOLLS,</b>	Phone <b>(305) 497-0276</b>	Occupation <b>Dancer</b>
N O T I C E T O A P P E A R	DL Number, State <b>H160280917270 / FL</b>	INS Number	Place of Birth (City, State) <b>LOS ANGELES, CA,</b>
	City <b>HOLLYWOOD, FL</b>	State <b>FL</b>	City <b>HOLLYWOOD, FL</b>
A D M I N I S T R A T I O N	Charge Description <b>DUI - PROPERTY DAMAGE</b>	State Violation Number <b>316.193(3C1)</b>	Violation of CED #
	Charge Description <b>POSSESSION OF SCHEDULE IV SUBSTANCE</b>	State Violation Number <b>893.13(6A)</b>	Violation of CED #
A D M I N I S T R A T I O N	Charge Description <b>POSSESSION OF SCHEDULE IV SUBSTANCE</b>	State Violation Number	Violation of CED #
	Charge Description	State Violation Number	Violation of CED #
A D M I N I S T R A T I O N	Health / Apparent Physical Condition of Detainee <b>POOR</b>	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injury	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Reserved By <b>J. CASAS ID818</b>	Released By <b>J. CASAS ID818</b>
A D M I N I S T R A T I O N	Transported By <b>J. CASAS ID818</b>	Date Transported <b>// : : :</b>	Time Transported
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444,</b>	
A D M I N I S T R A T I O N	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time	
	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.		
A D M I N I S T R A T I O N	Signature of Detainee (or Juvenile and Parent/Custodian) <i>[Signature]</i>	Date Signed <b>12/17/2020</b>	
	HOLD for Other Agency	Signature of Transporting Officer <i>[Signature]</i>	Name Verification (Printed by Arrestor) <b>GAL YADOKER</b>
A D M I N I S T R A T I O N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Access	Name of Arresting Officer (Print) <b>CASAS, J.</b>	ID.# <b>818</b>
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Transporting Agency <b>J. CASAS</b>	ID.# Agency <b>818 BRPD</b>
Witness here if subject signed with an "X"			PAGE 1 of 1

SCANNED

DEC 18 2020

DEC 17 PM 12:04

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: **FL 0500200** Agency Name: **BOCA RATON POLICE DEPARTMENT** Agency Report Number: **3 | 2 | 2020-014182**

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

Name (Last, First, Middle): **HABER, GAL** Race: **W** Sex: **F** Date of Birth: **06/27/1991**

Charge Description: **893.13(6A) POSSESSION OF SCHEDULE IV SUBSTANCE** Charge Description: **316.193(3C1) DUI- PROPERTY DAMAGE**

Victim's Name (Last, First, Middle): **STATE OF FLORIDA** Race: **U** Sex: **U**  
Local Address (Street, Apt. Number): **100 NW 2ND AVE, BOCA RATON, FL 33432** Phone: **(561) -** Address Source:  
Business Address (Name, Street): Phone: **(561) -** 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 **17** day of **December**, **2020** at **05:39** (Specifically include facts constituting cause for arrest.)

On 12/17/20, at approximately 0444 hours, I was dispatched to the area of 3099 S Ocean Blvd (south city limits) in reference to a complaint of a black Toyota that was weaving all over the road and hitting bushes as it traveled northbound on Ocean Blvd. I located the vehicle, a black 2019 Toyota C-HR (FL - NVDR72) as it continued northbound in the area of 2000 N Ocean Blvd. I positioned my marked BRPD vehicle behind the black Toyota and witnessed the vehicle leave the roadway in the area of 2100 N Ocean Blvd and strike two sets of bushes and rocks on the right (east) side of the roadway before I was afforded the opportunity to conduct a traffic stop on the vehicle. The vehicle came to a stop on the left (west) side of the roadway following the crash.

I immediately stopped my vehicle, activated my emergency lights, stepped out of my vehicle, and approached the black Toyota. I observed a female subject, later identified as Gal Haber by FL DL, sitting in the driver's seat of the vehicle. I made contact with Haber and ensured that she was not injured in the crash. It should be noted that upon opening Haber's door I was immediately faced with a strong odor of what smelled like Marijuana emanating from the vehicle. Haber appeared confused, disoriented, and very lethargic. Haber had trouble keeping her balance while standing and I also noticed that she had eyelid tremors. She asked what was happening and even stated that she had no clue she was involved in a crash. BRPD responded to check Haber's vitals and ensure she was not suffering from a medical emergency. Officer Ricciardi handled the crash investigation (HSMV - 24097441).

Upon conclusion of the crash investigation, Officer Ricciardi notified Haber that the crash investigation was complete, and I informed Haber that I would be conducting a criminal DUI investigation. Haber stated that she understood. I advised Haber of her constitutional warnings and she said she understood those as well.

I asked Haber if she knew she was involved in a crash and she stated she did not. I also

SWORN AND SUBSCRIBED BEFORE ME  
*J. Lehey*  
NOTARY PUBLIC / CLERK OF COURT  
DATE: **12/17/2020**

Notary Public State of Florida  
OFFICER R.F.S. THOMAS H. LEAHEY  
My Commission GG 347108  
Expires 06/20/2023

*[Signature]*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**CASAS JAVIER (818)**  
NAME OF OFFICER (PLEASE PRINT)  
DATE: **12/17/2020**

PAGE **1** of **3**

<b>OSTB Number</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest	3. Request for Warrant	<b>1</b>	JUVENILE
			2. N.T.A.	4. Request for Citation		
<b>Agency ORI Number</b>	<b>Agency Name</b>	<b>Agency Report Number</b>				
<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>	<b>3   2   2020-014182</b>				
<b>Charge Type:</b> Check as many as apply.			<b>Special Notes:</b>			
<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						
<b>Name (Last, First, Middle)</b>			<b>Race</b>	<b>Sex</b>	<b>Date of Birth</b>	
<b>HABER, GAL</b>			<b>W</b>	<b>F</b>	<b>06/27/1991</b>	

asked her if she knew where she was, and she claimed she did not. I then asked Haber if she was willing to perform Standardized Field Sobriety Exercises and she agreed to participate.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Haber stated that she understood. I observed that Haber failed to follow instructions by first not following the stimulus with her eyes and later moving her head. I also observed that Haber was swaying in a circular motion while the exercise was being conducted.

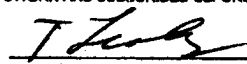


The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. I noticed that Haber had some difficulty getting into the starting position. she also had difficulty staying in the position. Once the instructions were completed, Haber stated that she understood, and she was instructed to begin. Haber missed heel-to-toe on multiple steps, made an improper turn, took an incorrect number of steps, and used her arms for balance.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. Haber stated she understood. Haber swayed in a circular motion, put her foot down several times, and used her arms for balance. Haber also skipped from "one-thousand and four" to "one-thousand and fifteen" while counting and kept her foot down for a portion of the exercise.

The fourth exercise was the Finger to Nose. I confirmed that Haber knew her left from her right by asking her to show me her left hand and then her right hand. I then administered the instructions. The pattern was L-R-L-R-R-L. Haber missed the tip of her nose and held her finger on her nose on every instance except one. Haber was also hesitant and moved slowly. Lastly, Haber fell out of position towards the end of the exercise.

The final exercise was the modified romberg balance test. I asked Haber if she felt comfortable estimating the passage of 30 seconds and she stated she did. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. Haber estimated the passage of 30 seconds in 58 seconds. She also swayed in a circular motion during the exercise.

Based on the totality of the circumstances, I found probable cause to believe that Haber was operating a vehicle within the state while under the influence drugs or alcohol. Haber was placed under arrest for DUI (Property Damage) per F.S.S. 316.193(3C1). She was transported to the Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator Ragin (#16877) completed the BAT room procedures. Haber was asked to submit to a lawful test of her breath for the purpose of determining the alcohol content. Haber failed to provide a valid breath sample (volume not met) and was read implied consent.

SWORN AND SUBSCRIBED BEFORE ME	
 NOTARY PUBLIC / CLERK OF COURT / OFFICER <b>12/17/2020</b> DATE	  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>CASAS, JAVIER (818)</b> NAME OF OFFICER (PLEASE PRINT) <b>12/17/2020</b> DATE
PAGE <b>2 OF 3</b>	

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OSTB Number	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-014182</b>
Agency ORI Number <b>FL 0500200</b>	Charge Type: Check as many as apply. <input checked="" 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		

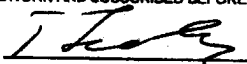
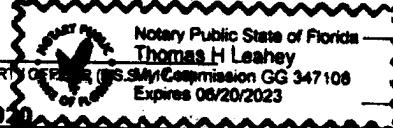

Name (Last, First, Middle) <b>HABER, GAL</b>	Sex <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/27/1991</b>
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provided a breath sample of .000. During the third attempt to collect a breath sample, Haber failed to follow the instructions given by Breath Operator Ragin and failed to provide a second valid breath sample. She was ultimately charged with a refusal for not providing to legal samples of breath. Haber was then advised of her constitutional warnings, stated she understood, and chose to answer all of my questions. Her answers were documented in the DUI influence report. See DUI Influence Report for further.

Haber is additionally being charged with Possession of a Schedule IV Substance per F.S.S. 893.13(6a) after an inventory of her vehicle revealed that she was in possession of 1.0g of Alprazolam. It should be noted that a green leafy substance consistent with marijuana and a white powdery substance consistent with cocaine were also located within the vehicle. The substances were submitted to BRPD evidence for testing. (See Officer Keener's report for further).

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / DEPUTY CLERK OF COURT  12/17/2020 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>CASAS, JAVIER (818)</b> NAME OF OFFICER (PLEASE PRINT) 12/17/2020 DATE	PAGE <b>3 of 3</b>
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**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 20-137576 PBSO ZONE 7-21

AGENCY CASE # 32-2020-014182 CRASH CASE # 24097441

TIME OF STOP/CRASH 0449 DATE 12/17/2020 DAY Thursday

SUBJECT'S NAME HABER GAL RACE W SEX F  
LAST FIRST MD

HGT 5'4" WGT 120 DOB 6/27/1991

LOCATION 2100 N OCEAN BLVD, BOCA RATON, FL 33432

ARRESTING OFFICER'S NAME & ID JAVIER CASAS 818 AGENCY BRPD

DIVISION: FIELD SERVICES

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0626

ARREST TIME 0539

BREATH RESULTS:

- 1) .VNM
- 2) .000
- 3) .VNM
- 4)

**REFUSED**

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: BRPD  
SUBJECT: Haber, Gal  
CASE NUMBER: 20-137576  
DATE: Dec 17, 2020  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 06:48  
ENDING TIME: 07:18

BREATH TESTS RESULTS: 1) .VNM TIME 06:57 A.M.  P.M.   
2) .000 TIME 07:00 A.M.  P.M.   
3) .VNM TIME 07:05 A.M.  P.M.   
4) Refusal TIME 07:08 A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: Mumbled

ATTITUDE: Daze, slow, repetitive

CLOTHING: Black pants, black t-shirt, black flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: None/ stated for ADD and depression

### OTHER:

Eyes red

# REFUSED

### COMMENTS:

Arrived at center A/O started 20 minute observation period at 06:26 hrs.  
Subject agreed to perform breath test. Subject would not blow properly after several attempts and repeated instructions.  
A/O read I/C and subject stated she understood I/C.  
Subject agreed to take test. And again would not blow properly.  
A/O read rights.  
Subject stated she understood rights.  
A/O conducted Q&A.  
Subject answered questions.

# REFUSED

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: 80-006240 Software: 8100.27  
Date of Test: 12/17/2020

Date of Last Agency Inspection: 12/11/2020  
Observation Period Began: 06:26  
Subject's Name: GAL HABER

DOB: 06/27/1991 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	06:53
	Air Blank	0.000	06:53
	Control Test	0.080	06:53
	Air Blank	0.000	06:54
	Subject Sample #1	VNM*	06:57
	Air Blank	0.000	06:57
	Air Blank	0.000	06:59
	Subject Sample #2	0.000	07:00
	Air Blank	0.000	07:00
	Air Blank	0.000	07:02
	Subject Sample #3	VNM**	07:05
	Air Blank	0.000	07:06
	Control Test	0.080	07:06
	Air Blank	0.000	07:07
	Diagnostics Check	OK	07:07

\*Volume Not Met (0.000 - Breath Sample Not Reliable to Determine Breath Alcohol Level)  
\*\*Volume Not Met (0.000 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 REWEE M RAGIN, 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: \_\_\_\_\_ Date: 12/17/20  
Signature

Sworn to (or affirmed) before me this 17 day of Dec, 2020  
[Signature] Ofe. J. Casas #818  
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.

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

I, JAVIER CASAS, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 17 day of DECEMBER, 20 20, at 0539  P.M.  A.M.

DRIVER GAL HABER  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

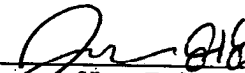
DL# H160280917270, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by JAVIER CASAS and  
issued Citation # A6LQBPE (Name of Arresting Officer)

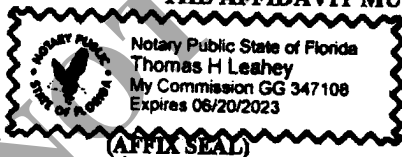
That on or about the 17 day of DECEMBER, 20 20, at 0708  P.M.  A.M.

in PALM BEACH County.

I requested that the driver submit to a  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)**



The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

The foregoing instrument was sworn and subscribed before

me this 17th day of December, 20 20,

by Of J Casas #818,

who is personally known to me or who has produced

Kuam as identification

Notary Public T Leahy

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.

SUBJECT: Harbor, Gal CASE NUMBER: \_\_\_\_\_

### QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

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: J. J. [Signature]





**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: 2020029491	Date: 12/17/20
	Specialist Name/ID: J. Beck/9007