

0523555

21CT8679ANB

p-3199

## ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OSTB Number	Agency ORI Number <b>0502300</b>		Agency Name <b>North Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7   0   21-000318</b>		Multiple Clearance Indicator	
D E F E N D A N T	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized <b>UNARMED</b>
	Location of Arrest (Including Name of Business) <b>1216 NORTHLAKE BLVD. 2599 NORTHLAKE BLVD/ALT A1A.</b>					Location of Offense (Business Name, Address) <b>2599 NORTHLAKE BLVD/ALT A1A, NORTH PALM BEACH, FL</b>			
	Date of Arrest <b>05/27/2021</b>	Time of Arrest <b>02:20</b>	Booking Date <b>05/27/2021</b>	Booking Time <b>02:30</b>	Jail Date	Jail Time	Location of Vehicle		
	Name (Last, First, Middle) <b>SCHULMAN, GLORIA CHRISTINE</b>								
J U V E N I L E	Alias:								
	Race W. White B. Black O. Other/Asian	1. American Indian 2. Hispanic/Latino	Sex <b>W</b>	Date of Birth <b>11/28/1968</b>	Height <b>5'08</b>	Weight <b>120</b>	Eye Color <b>GREEN</b>	Hair Color <b>BLONDE /</b>	Complexion <b>FAIR</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>M</b>	Religion <b>ATHEIST</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
	Local Address (Street, Apt. Number) <b>1001 ALAMANDA DR. NORTH PALM BEACH, FL 33408</b>						Phone <b>(561) 768-1827</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State
	Permanent Address (Street, Apt. Number) <b>1001 ALAMANDA DR. NORTH PALM BEACH, FL 33408</b>						Phone <b>(561) 768-1827</b>		Address Source
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation
	D/L Number, State <b>S455283689280 / FL</b>		Sec. Sec. Number		IDB Number		Place of Birth (City, State) <b>NORTH MIAMI FL</b>		Citizenship <b>US</b>
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth
	C O D E D E	Name (Last, First, Middle)						Residence Phone	
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone			
Notified by: (Name)						Date	Time		
Released To: (Name)						Relationship	Date		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.						School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property		Value of Property	
Drug Activity N. N/A P. Possession						B. Barbiturate C. Cocaine A. Amphetamine		H. Hallucinogen M. Marijuana O. Opium/Deriv.	
K. Dispense/Distribute						M. Manufacture/Produce/Cultivate		Z. Other	
R. Struggle D. Deliver E. Use						P. Paraphernalia/Equipment S. Synthetic		U. Unknown Z. Other	
C H A R G E		Charge Description <b>DUI - NORMAL FACULTIES IMPAIRED</b>						Statute Violation Number <b>316.193(1)(A)</b>	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
		<b>N</b>	<b>/</b>	<b>21-000318</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Charge Description						Statute Violation Number		Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Charge Description						Statute Violation Number		Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Released By			
Transported By						Date Transported	Time Transported		
Other									
INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) <b>3188 PG&amp;T Blvd 83410</b>			
INSTRUCTION NO. 2 - You need not appear in Court						Court Date and Time <b>6/23/21 8:30 AM</b>			
but must comply with instructions on Page 2.									
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.						No Photo Available			
A D M I N		Signature of Defendant (or Juvenile and Parent/Custodian) <i>Gloria Schulman</i>						Date Signed	
	HOLD for Other Agency						Name Verification (Printed by Arrestee)		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Related Arrest						(PRINT)		
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other								
	LD. #						ID. #		
	Pouch #						Agency		
	RIGGOTT						9901		
	RIGGOTT						9901 NPBPD		
	Witness here if subject signed with an "X".						PAGE 1 OF 1		

SCANNED

MAY 27 2021

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF May 20 21 AT 0149 ✓ AM PM  
SUBJECT: Schulman, Gloria, C CASE NUMBER: 21000318

AGENCY: NORTH PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: Riggott 9901  
**PERSONAL CONTACT**

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

+PC for Stop: I observed the vehicle running over the median.  
+Manner of Stop:  
+APC:  
+Witness Statements:  
+Wheel Witness:

## OBSERVATION OF DRIVER:

+Appearance of Vehicle: The air bag was deployed, drivers side left tire was deflated.  
+Appearance of Driver: Dazed and confused.  
+Face/Eyes: Droopy and watery. Pupils were constricted.  
+Clothing Condition:  
+Exit Sequence: Slow movements getting out of the car.

## DRIVER'S STATEMENTS:

+In Car:  
+Roadsides:  
+BAT: Driver stated that she had oxycodone in her system.  
+Taylor Warnings Read:  
+Implied Consent Read: Yes.

## ODORS:

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING:

MEDICAL/OTHER: In Vehicle:  
Roadsides:  
BAT: Diabetic, mouth surgery (oxycodone)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of May 20 21 by Riggott

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

Notary Public, Clerk of Court, Officer (F.S. § 117-10)



SUBJECT: Schulman, Gloria, C

CASE NUMBER 21000318

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

#### Other Observations:

Condition of Eyes: Droopy and watery. Pupils were constricted.  
Observations:

#### WALK & TURN:

- \*Lost Balance She could not maintain balance throughout the instruction phase; she almost fell back.
  - \*Started Before Instructed Twice
  - \*Missed Heel to Toe On every step up the line and back down the line.
  - \*Stepped Off Line On 3, 4 and 5 up the line, and 5, 6 and 7 back down the line.
  - \*Used Arms for Balance They were out to her sides like a plane; hands on her hips.
  - \*Wrong Number of Steps 8 up and 13 back.
  - \*Stopped While Performing Task No
  - \*Improper Turn Correct turn on wrong step.
- Other Observations: Never was able to get into the correct starting position, and I had to explain it 4 times.

#### ONE LEG STAND:

- \*Put Foot Down She put her foot down 3 times.
- \*Used Arms for Balance Yes, her arms were not touching her side; approximately 10 inches from her side.
- \*Swayed Yes during instruction stage.
- \*Hopped No

Other Observations: Did not keep legs straight; She had her knee bent, and used her toe as support.

#### FINGER TO NOSE:

- R1: Brought right to tip, held for 3 seconds. Had to be reminded to bring down her hand.
- L1: Brought left to tip, held for 5 seconds. Had to be reminded to bring down her hand.
- R2: Kept her hand approximately 2 inches away from her face. Had to be reminded to bring down her hand.
- L2: Kept her hand approximately 2 inches away from her face. Had to be reminded to bring down her hand.
- L3: Started to bring right hand up, then switched to left. Held for 10 seconds.
- R3: Kept her hand approximately 2 inches away from her face. Had to be reminded to bring down her hand.

#### ROMBERG ALPHABET:

Recited the alphabet correctly. Almost fell after she opened her eyes. Swayed (back and forth) while reciting the alphabet.

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

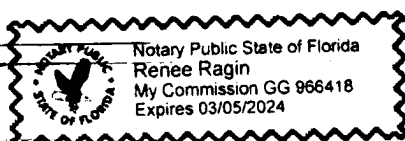
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of May, 20 21 by Riggott

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

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



# TESTING FACILITY TASK REPORT

AGENCY: NPB

SUBJECT: Schulman, Gloria C. CASE NUMBER: 21-069700

DATE: May 27, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:21 ENDING TIME: 03:44

BREATH TESTS RESULTS: 1) .000 TIME 03:27 A.M. ☒ P.M. ☐ 2) .000 TIME 03:30 A.M. ☒ P.M. ☐  
3) N/A TIME A.M. ☐ P.M. ☐ 4) N/A TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin # 16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Mumbled

ATTITUDE: Quiet, calm, cooperative

CLOTHING: White shorts, peach t-shirt, gray flip-flops

MEDICAL CONDITIONS: Diabetic

MEDICATIONS: Oxycontin, and 2 insulins

### OTHER:

Eyes glassy

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:55 hrs.

Subject agreed to take test.

Tech read breath test results.

Subject acknowledged she understood test results.

A/O requested to provide urine at 03:32 hrs..

Subject agreed to provide urine.

A/O read I/C.

Subject acknowledged she understood I/C and agreed to provide urine again.

A/O read rights.

Subject acknowledged she understood rights.

A/O conducted Q&A.

Subject answer questions.

Urine provide @ 03:48

man

John

John

John

John

John

John

John

Substance Abuse

INTERVIEW QUESTIONS

1. What is your name?  
2. What is your date of birth?  
3. What is your current address?  
4. What is your telephone number?  
5. What is your occupation?  
6. What is your highest level of education?  
7. What is your marital status?  
8. What is your race?  
9. What is your religion?  
10. What is your political affiliation?  
11. What is your favorite color?  
12. What is your favorite food?  
13. What is your favorite movie?  
14. What is your favorite TV show?  
15. What is your favorite sport?  
16. What is your favorite music?  
17. What is your favorite book?  
18. What is your favorite animal?  
19. What is your favorite flower?  
20. What is your favorite fruit?  
21. What is your favorite vegetable?  
22. What is your favorite drink?  
23. What is your favorite season?  
24. What is your favorite month?  
25. What is your favorite day of the week?  
26. What is your favorite time of day?  
27. What is your favorite holiday?  
28. What is your favorite travel destination?  
29. What is your favorite mode of transportation?  
30. What is your favorite type of weather?  
31. What is your favorite type of music?  
32. What is your favorite type of food?  
33. What is your favorite type of drink?  
34. What is your favorite type of sport?  
35. What is your favorite type of movie?  
36. What is your favorite type of TV show?  
37. What is your favorite type of book?  
38. What is your favorite type of animal?  
39. What is your favorite type of flower?  
40. What is your favorite type of fruit?  
41. What is your favorite type of vegetable?  
42. What is your favorite type of holiday?  
43. What is your favorite type of travel destination?  
44. What is your favorite type of mode of transportation?  
45. What is your favorite type of weather?  
46. What is your favorite type of time of day?  
47. What is your favorite type of day of the week?  
48. What is your favorite type of month?  
49. What is your favorite type of season?  
50. What is your favorite type of color?

# DUI WITNESS LIST

21000318



Arresting Officer: Riggott 9901 Email: kriggott@village-npb.org

Agency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-848-2525

Can Testify To: Events of the case

Backup Officer(s): D. Prud'Homme

Agency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-848-2525

Can Testify To: Events of the case

Breathalyzer Technician: Ragin ID# 16877 Agency: PBSO

DRE: POINTU #110032 Agency Case #: 21-009708

Agency Address: 3228 Gun Club Rd, West Palm Beach, FL 33406 Phone: (561) 839-0510 Email: POINTUP@pbsb.org

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness



PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 21-069700 PBSO ZONE 3-13  
AGENCY CASE # 21-000318 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 0149 DATE 5/27/21 DAY \_\_\_\_\_  
SUBJECT'S NAME Gloria C Schulman RACE W SEX F  
HGT 5'09 WGT 120 DOB 11/28/68  
LOCATION Northlake Blvd / Alt Alt  
ARRESTING OFFICER'S NAME & ID Riggott 9901 AGENCY NRBPD  
DIVISION: Patrol NOTIFIED BY COMMO Y  
ARRIVAL AT FACILITY 0255  
BREATH RESULTS: Arrest Time ~~0255~~  
1. .000 0213  
2. .000  
3. Urine  
4. \_\_\_\_\_  
TESTING OFFICER'S ID 16877

**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: 05/27/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 02:55

Subject's Name: GLORIA C SCHULMAN

DOB: 11/28/1968 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	03:25
	Air Blank	0.000	03:25
	Control Test	0.081	03:26
	Air Blank	0.000	03:26
	Subject Sample #1	0.000	03:27
	Air Blank	0.000	03:27
	Air Blank	0.000	03:29
	Subject Sample #2	0.000	03:30
	Air Blank	0.000	03:30
	Control Test	0.080	03:31
	Air Blank	0.000	03:31
	Diagnostics Check	OK	03:31

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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 RENEE 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: 05/27/21

Signature

Sworn to (or affirmed) before me this 27 day of May, 2021

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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021012862

Date: 5/27/2021

Specialist Name/ID: J. Beck/9007