

21CT399 MB

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	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)	06-21-023988												
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 1. Yes 2. No	2		Multiple Clearance Indicator	1												
Location of Arrest (Including Name of Business) SOUTHERN BV AND FAIRGROUNDS RD WEST PALM BEACH FL 33415						Location of Offense (Business Name, Address) SOUTHERN BV AND FAIRGROUNDS RD #N/A, WEST PALM BEACH FL 33415															
Date of Arrest	01/09/2021	Time of Arrest	2347	Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	SHEEHANS TOWING								
Name (Last, First, Middle) HARMON, HEIDI, MARLAINE																					
Alias (Name, DOB, Soc. Sec. #, Etc.)																					
Race	W - White / B - Black / O - Oriental/Asian	Sex	F	Date of Birth	12/3/1964	Height	505	Weight	160	Eye Color	GRN	Hair Color	BRO	Complexion	FAIR	Build	MED				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT ON HAND AND ARM						Marital Status	Single	Religion	CHRISTIAN	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>											
Local Address (Street, Apt. Number) 11661 W ATLANTIC BLVD APT 38, CORAL SPRINGS FL 33071-5093						Phone	(754) 245 5188	Residence Type 1. City 2. County 3. Florida 4. Out of State					3								
Permanent Address (Street, Apt. Number)						Phone	()	Address Source DEFENDANT													
Business Address (Name, Street)						Phone	()	Occupation													
D/L Number, State			Soc. Sec. Number			INS Number			Place of Birth (City, State)		Citizenship										
H65533649430,									ANGOLA IN		US										
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
<input type="checkbox"/> Parent Name (Last) (First) (Middle) Residence Phone																					
<input type="checkbox"/> Legal Custodian																					
<input type="checkbox"/> Other																					
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone															
Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handed/ 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 B. Buy 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	1	Domestic Violence	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)A				Violation of ORD #									
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond															
N	N	N/A	21-023988																		
Charge Description				Counts		Domestic Violence	<input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600																					
Court Date and Time Month FEBRUARY Day 4 Year 2021 Time 0830 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 01/09/2021													
HOLD for other Agency Name:			Signature of Arresting Officer			Name Verification (Printed by Arrestee)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) INV E. K. WHITE			I.D. # 7209			FILED JAN 10 2021									
Intake Deputy SPAWN BUI			I.D. #			Pouch #			Transporting Officer INV E. K. WHITE			ID # 7209									
						Agency PBSO			Witness here if subject is signed with an ARRESTEE			JOSEPH ARBIZO, CLERK COUNTY CLERK									

0520693

1709

OBTS Number	PROBABLE CAUSE AFFIDAVIT	Agency Report Number	1
Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 20-023998	
Charge Type Check as many as apply.		Special Notes	
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) Harmon Heidi Marlaire	Alias	Race W	Sex F	Date of Birth 12/03/1964
Charge Description DUI 316.193	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		

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.

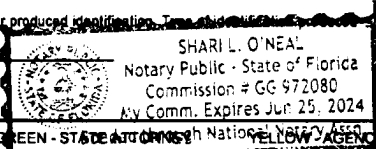
confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 9th day of January, 2021 at 10:51 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 01/09/2021 at approximately 2253 hours I was traveling eastbound on Southern Blvd behind a white Volkswagen baring Florida tag of 83JRB. The vehicle was traveling in the right center lane on a four lane roadway. The vehicle swerved several times within its lane of travel, however it did travel into the right lane just west of Royal Palm Beach Blvd. but did not effect other traffic. The vehicle swerved several times within its lane of travel again just west of State Road 7. The vehicle made a proper lane change from the right center lane into the left center lane accelerated and that used hard braking to avoid colliding into the vehicle in front of it. The vehicle made an improper change of lane by pulling into the left lane without signaling causing other traffic to brake to avoid a collision. Once an opportunity arrived to safely stop the vehicle I attempted to do so. The vehicle came to a controlled stop on Southern Blvd and Fairgrounds Road partly in the bike and right lanes. I approach the driver and advised her why she was stopped the driver Ms. Heidi Harmon was identified by her Florida drivers license. I could smell an unknown alcoholic emitting from the vehicle. As Ms. Harmon spoke to me I could detect a slurring of her speech. Ms. Harmon exhibited poor motor skills while looking for her information.

With the indicators that I observed I contacted DUI 10. Upon his arrival DUI 10 took over the traffic stop and conducted an investigation for DUI.

STATE OF FLORIDA COUNTY OF PALM BEACH	D/S G. Campbell II
(Signature of Arresting Officer/Officer's Name)	
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>9th</u> day of <u>January</u> , 20 <u>21</u> by <u>D/S G. Campbell II 26682</u>	
(Print name of Arresting Investigator (Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u>)	
Notary Public, Clerk of Court (Florida Statute 117.10)	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-023988				
Charge Type: Check as many as apply.		Special Notes:						
<input 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				
Name (Last, First, Middle) HARMON, HEIDI, MARLAINE		Alias		Race W	Sex F	Date of Birth 12/3/1964		
Charge Description DUI		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> <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 _____ that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>9</u> day of <u>JANUARY</u> 20<u>21</u> at <u>2255</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Saturday, January 9, 2021 at approximately 2309 hours, I responded to Southern Boulevard and Fairgrounds Road, West Palm Beach (Palm Beach County) Florida to assist Deputy George Campbell with a traffic stop that involved a possible drunk driver. Upon my arrival I observed D/S Campbell's patrol car stopped in the eastbound outside lane of Southern Bv with his emergency lights activated. A white Volkswagen Jetta, bearing current Florida license plates "83JRD", was stopped ahead of him. I made contact with D/S Campbell who wrote the following sworn statement on a probable cause affidavit: On 01/09/2021 at approximately 2253 hours I was traveling eastbound on Southern Blvd behind a white Volkswagen baring Florida tag of 83JRB. The vehicle was traveling in the right center lane on a four lane roadway. The vehicle swerved several times within its lane of travel, however it did travel into the right lane just west of Royal Palm Beach Blvd. but did not effect other traffic. The vehicle swerved several times within its lane of travel again just west of State Road 7. The vehicle made a proper lane change from the right center lane into the left center lane accelerated and that used hard braking to avoid colliding into the vehicle in front of it. The vehicle made an improper change of lane by pulling into the left lane without signaling causing other traffic to brake to avoid a collision. Once an opportunity arrived to safely stop the vehicle I attempted to do so. The vehicle came to a controlled stop on Southern Blvd and Fairgrounds Road partly in the bike and right lanes. I approach the driver and advised her why she was stopped the driver Ms. Heidi Harmon was identified by her Florida drivers license. I could smell an unknown alcoholic emitting from the vehicle. As Ms. Harmon spoke to me I could detect a slurring of her speech. Ms. Harmon exhibited poor motor skills while looking for her information.</p> <p>With the indicators that I observed I contacted DUI 10. Upon his arrival DUI 10 took over the traffic stop and conducted an investigation for DUI:</p> <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 Heidi Marlaine Harmon by her Florida driver license. I noticed her eyes were red, watery and glossy. Her cheeks were flushed and her mouth was dry. She was unsteady and swayed while standing. She was wearing black long pants, a black sleeveless shirt and black shoes. I told the driver an anonymous motorist saw her vehicle swerving and nearly hitting a curb. The motorist notified the sheriff's office to report the unstable vehicle. She explained she was trying to get home.</p>								
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 <u>9</u> day of <u>JANUARY</u> 20 <u>21</u> by <u>INV E. K. WHITE</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. True and correct.		KNOWN						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)							PAGE 1 OF 2	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9 DAY OF JANUARY 20 21, AT 2255 AM PM

SUBJECT: HARMON, HEIDI, MARLAINE CASE NUMBER: 21-023988

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 JUST FINISHED WORKING

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: **NORMAL**

ATTITUDE: **LETHARGIC, INATTENTIVE, AND COOPERATIVE**

CLOTHING: **LOOSE AND DISHEVELED**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

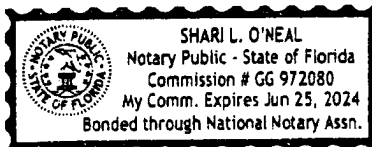
INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of JANUARY 2021 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

Shari L. O'Neal

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



CERTIFIED COPY

SUBJECT: HARMON, HEIDI, MARLAINE CASE NUMBER 21-023988

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 type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> 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. The defendant failed to comply with my instructions and turned her head often. Ultimately she was unable to complete 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 was unable to maintain her balance while placed in the instructional position. She lost her balance and abandoned the position. During the task she stepped off the line, she did not touch heel to toe and turned improperly.

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 was unable to maintain her balance while she attempted to raise her leg/foot. She dropped her foot three (3) times. I ceased in continuing this task for safety reasons.

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: While explaining and demonstrating this task the defendant told me she was unable to perform this task. She would not give a reason why she was unable to perform the task.

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: The defendant swayed while performing this task. She was unable to recite the task successfully.

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

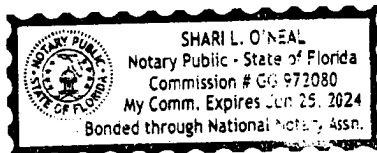
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of JANUARY 2021 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)





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

PBSO CASE # 21-023988 PBSO ZONE 15-41

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2255 DATE 01/09/2021 DAY Saturday

SUBJECT'S NAME HARMON, HEIDI, MARLAINE RACE W SEX F

HGT 505 WGT 160 DOB 12/3/1964

LOCATION SOUTHERN BV AND FAIRGROUNDS RD WEST PALM BEACH FL 33415

ARRESTING OFFICER'S NAME & ID INV E. K. WHITE (7209) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0020hrs

ARREST TIME 2347

BREATH RESULTS:

- 1) .190
- 2) .202
- 3) _____
- 4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

NOT A CERTIFIED COPY

SUBJECT: Heidi M Thimmon CASE NUMBER: 21-023988

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

SUBJECT: Heidi M Haeman CASE NUMBER: 21-023988

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OF 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? Scudder

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? 1984 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. F. K. WHITE

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: 01/10/2021

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 00:20
Subject's Name: HEIDI MARLAINE HARMON

DOB: 12/03/1964 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	00:43
	Air Blank	0.000	00:43
	Control Test	0.081	00:44
	Air Blank	0.000	00:44
	Subject Sample #1	0.190	00:45
	Air Blank	0.000	00:45
	Air Blank	0.000	00:47
	Subject Sample #2	0.202	00:48
	Air Blank	0.000	00:49
	Control Test	0.081	00:49
	Air Blank	0.000	00:49
	Diagnostics Check	OK	00:50

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 SHARI L O'NEAL, 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: 01-10-21
Signature

Sworn to (or affirmed) before me this 10 day of January, 2021

[Signature] Signature of Notary Public-State of Florida Inv. White #7209 Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

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: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WHITE #7209
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA TO THE D.
D STARTED Q&A THEN STOPPED ANSWERING AFTER A COUPLE OF QUESTIONS.

WITNESS LIST

CASE NUMBER: 21-023988

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: D/S GEORGE CAMPBELL

ADDRESS: DIST 17

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

CAN TESTIFY TO: RESPONDING TO THE COMPLAINT AND MAKING CONTACT WITH THE DEFENDANT

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 _____

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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



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: 2021000769	Date: 01/10/2021
	Specialist Name/ID: T Howard/7185