

0525953

210P 7634

3905

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number		Agency ORI Number FL 0503100		Agency Name TEQUESTA POLICE DEPARTMENT		Agency Report Number 92 21-000252				
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) RIVERSIDE DR / TEQUESTA DR				Location of Offense (Including Name of Business) RIVERSIDE DRIVE / TEQUESTA						
Date of Arrest 09/15/21	Time of Arrest 1545	Booking Date 09/15/21	Booking Time 1642	Jail Date 09/15/21	Jail Time	Location of Vehicle RIVERSIDE DR & TEQUESTA DR				
Name (Last, First, Middle) MOORE JACYLYN R				Alias (Name, DOB, Soc. Sec. # Etc.)						
Race W - White B - Black O - Oriental/Asian	Sex W F	Date of Birth 07/22/1976	Height 5'6"	Weight 125	Eye Color BROWN	Hair Color BLOND	Complexion FAIR	Build SMALL		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) FLOWER ON RIGHT WRIST				Marital Status MARRIED	Religion CHRISTIAN	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unit <input type="checkbox"/>				
Local Address (Street, Apt. Number) 126 MAGNOLIA WAY		City TEQUESTA	State FL	Zip 33411	Phone 561 308 5784	Residence Type 1. City 3. Florida 2. County 4. Out of State				
Permanent Address (Street, Apt. Number) 126 MAGNOLIA WAY		City TEQUESTA	State FL	Zip 33411	Phone	Address Source DAVID				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation				
DL Number, State M600-436-76-762-0 FL		Social Security Number		INS Number		Place of Birth WA, SEATTLE	Citizenship USA			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone				
Address (Street, Apt. No.)		City	State	Zip	Business Phone					
Notified By (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 3. Incarcerated						
Released To (Name)		Relationship		Date	Time					
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 561-355-2525) informed of any address change. <input type="checkbox"/> Yes by: (Name) <input type="checkbox"/> No. (Reason)				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 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	P Paraphernalia/ Equipment	U Unknown Z Other
Charge Description DUI - WITH MINORS IN VEHICLE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number FSS 316.193(4)		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 1	Warrant/Capias Number		Bond				
Charge Description CHILD NEGLECT		Counts 4	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number FSS 827.03 (2)(D)		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 2	Warrant/Capias Number		Bond				
Charge Description DRIVING W/SUSP LICENSE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number FSS 322.34(10)(A)		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 3	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Location (Court, Address, Room Number) North County Courthouse - 3188 PGA Blvd, Palm Beach Gardens, FL 33410										
Court Date and Time Month OCTOBER Day 14 Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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						
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Inmate Initials		Signature of Arresting Officer [Signature] Name of Arresting Officer OFC J. PALMERI Transporting Officer ID # OFC J. PALMERI		ID # 1226 Agency TEQUESTA		Name Verification (Printed by Arrestee) (PRINT) [Signature]				
Witness here if subject signed with an "X"						Page 1 of 1				

SEP 15 11:51

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest <input type="checkbox"/> 3. Request For Warrant <input type="checkbox"/>		2. N.T.A. <input type="checkbox"/> 4. Request For Capias <input type="checkbox"/>		Juvenile <input type="checkbox"/>	
Agency ORI Number FL 0503100		Agency Name TEQUESTA POLICE DEPARTMENT			Agency Case Report Number 92 21-000252				
Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Special Notes	
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other					
Defendant Name (Last, First, Middle) MOORE JACYLYN R				Race W	Sex F	Date of Birth 7/22/1976			
Charge CHILD NEGLECT FSS 827.03 (2)(D)		Charge							
Charge		Charge							
Victim Name (Last, First, Middle) SOF				Race	Sex	Date of Birth			
Local Address (Street, Apt. Number) 126 MAGNOLIA WAY		City TEQUESTA	State FL	Zip 33469	Phone		Address Source DAVID		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
<p>The undersign 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 checked="" 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.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>15</u> day of <u>Sept</u> 20 <u>21</u> at <u>6:30</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>									

On 9/15/2021 at approximately 3:22 PM, I (Officer J. Palmeri #1226) responded to a traffic stop conducted by Sergeant Yildiz at the intersection of Riverside Dr & Tequesta Dr.

Upon my arrival, I observed a White Female (later identified as Jaclyn Moore). Moore was standing outside the car holding onto the front driver side door to maintain balance. Moore was asked if she had drank any alcoholic beverages, which she replied no. She later stated she had been drinking. While speaking to Moore, she continued to sway back and forth and was unable to maintain balance, holding onto the car to remain upright. I observed [REDACTED] in the car (whom [REDACTED] between the ages of [REDACTED]

A DUI investigation was conducted and she was charged with driving under the influence with minors in vehicle pursuant to FL State Statute 316.193 (4)

I have probable to charge Moore with child neglect pursuant to FL State Statute 827.03 (2)(D), who willfully neglected four children under eighteen without causing great bodily harm, permanent disability, or permanent disfigurement to the children.

The foregoing instrument was sworn to and affirmed before me this <u>15</u> day of <u>Sept</u> 20 <u>21</u> , by:	
<u>Sgt E Yildiz</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>Ofc Palmeri 1226</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page _____ of _____	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF SEPT 2021, AT 5:10 AM PM
SUBJECT: MOORE JACYLYN R CASE NUMBER: 21-000252
AGENCY: Tequesta Police Department ARRESTING OFFICER: OFC J. PALMERI

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
WEAVING IN A SINGLE LANE ROADWAY. UNABLE TO MAINTAIN LANE GOING INTO OPPOSITE DIRECTION OF TRAVEL

OBSERVATION OF DRIVER:

BLOODSHOT GLASSY EYES. ODOR OF UNKNOWN ALCOHOLIC SUBSTANCE EMANATING FROM BODY. UNABLE TO MAINTAIN BALANCE. SLURRED SPEECH. COULD NOT FIND DRIVER'S LICENSE, INSTEAD PUT ON LIP GLOSS

DRIVER'S STATEMENTS:

FIRST SHE SAID SHE WASN'T DRINKING. SOON AFTER ADVISED SHE WAS DRINKING. SHE SAID "I'M AN IDIOT"

ODORS:

UNKNOWN ALCOHOLIC BEVERAGE FROM BODY AND BREATH

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: ARGUMENTATIVE

CLOTHING: YOGA PANTS, TANK TOP, NO SHOES

MEDICAL/OTHER: STATED NONE

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 15 day of SEPT 2021 by OFC J. PALMERI

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

EMIR YILDIZ

SUBJECT: JACYLYN MOORE CASE NUMBER 21-000252

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:

WALK & TURN:
WAS UNABLE TO MAINTAIN BALANCE AND HAD TO BE CAUGHT TO PREVENT FALLING. FOR SAFETY REASONS, SFST WERE DISCONTINUED.


ONE LEG STAND:
FOR SAFETY REASONS, SFST WERE DISCONTINUED.

FINGER TO NOSE:
FOR SAFETY REASONS, SFST WERE DISCONTINUED.

ROMBERG ALPHABET:
FOR SAFETY REASONS, SFST WERE DISCONTINUED.

BREATH TEST RESULTS: 1) .411 2) .410 3) 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 15 day of SEPT 2021 by OFC J. PALMERI

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

EMIR YILDIZ

TESTING FACILITY TASK REPORT

AGENCY: TPD

SUBJECT: Moore, Jaclyn R

CASE NUMBER: 21-106974

DATE: Sep 15, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 1714

ENDING TIME: 1727

BREATH TESTS RESULTS: 1) .411 TIME 1719 A.M. P.M. 2) .410 TIME 1722 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, fidgety, repetitive/crying

CLOTHING: gray yoga pants, gray tank top, no shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 1643 hrs
subject agreed to perform breath test
tech read breath test results & subject understood breath test results
A/O read rights & subject understood rights
A/O attempted Q&A
subject invoked the 5th - right to counsel

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: 80-006478 Software: 8100.27
Date of Test: 09/15/2021

Date of Last Agency Inspection: 09/10/2021
Observation Period Began: 16:43
Subject's Name: JCLYN R MOORE DOB: 07/22/1976 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	17:17
	Air Blank	0.000	17:17
	Control Test	0.080	17:18
	Air Blank	0.000	17:18
	Subject Sample #1	0.411	17:19
	Air Blank	0.000	17:20
	Air Blank	0.000	17:22
	Subject Sample #2	0.410	17:22
	Air Blank	0.000	17:23
	Control Test	0.077	17:24
	Air Blank	0.000	17:24
	Diagnostics Check	OK	17:24

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 THOMAS H LEAHEY, 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: T Long Date: 09/15/21
Signature

Sworn to (or affirmed) before me this 15 day of September 2021

[Signature] Signature of Notary Public-State of Florida Ofc J Palmeri #1226 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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-106974 PBSO ZONE 3-14

AGENCY CASE # 21-000252 CRASH CASE # _____

TIME OF STOP/CRASH 1529 DATE 09/15/21 DAY wed.

SUBJECT'S NAME Jaciyn Moore RACE W SEX F

HGT 5'6" WGT 125 DOB 07/22/1976

LOCATION Riverside Dr & Tequesta Dr.

ARRESTING OFFICER'S NAME & ID Palmeri 1226 AGENCY Tequesta police Dept.

DIVISION: _____

NOTIFIED BY COMMO yes

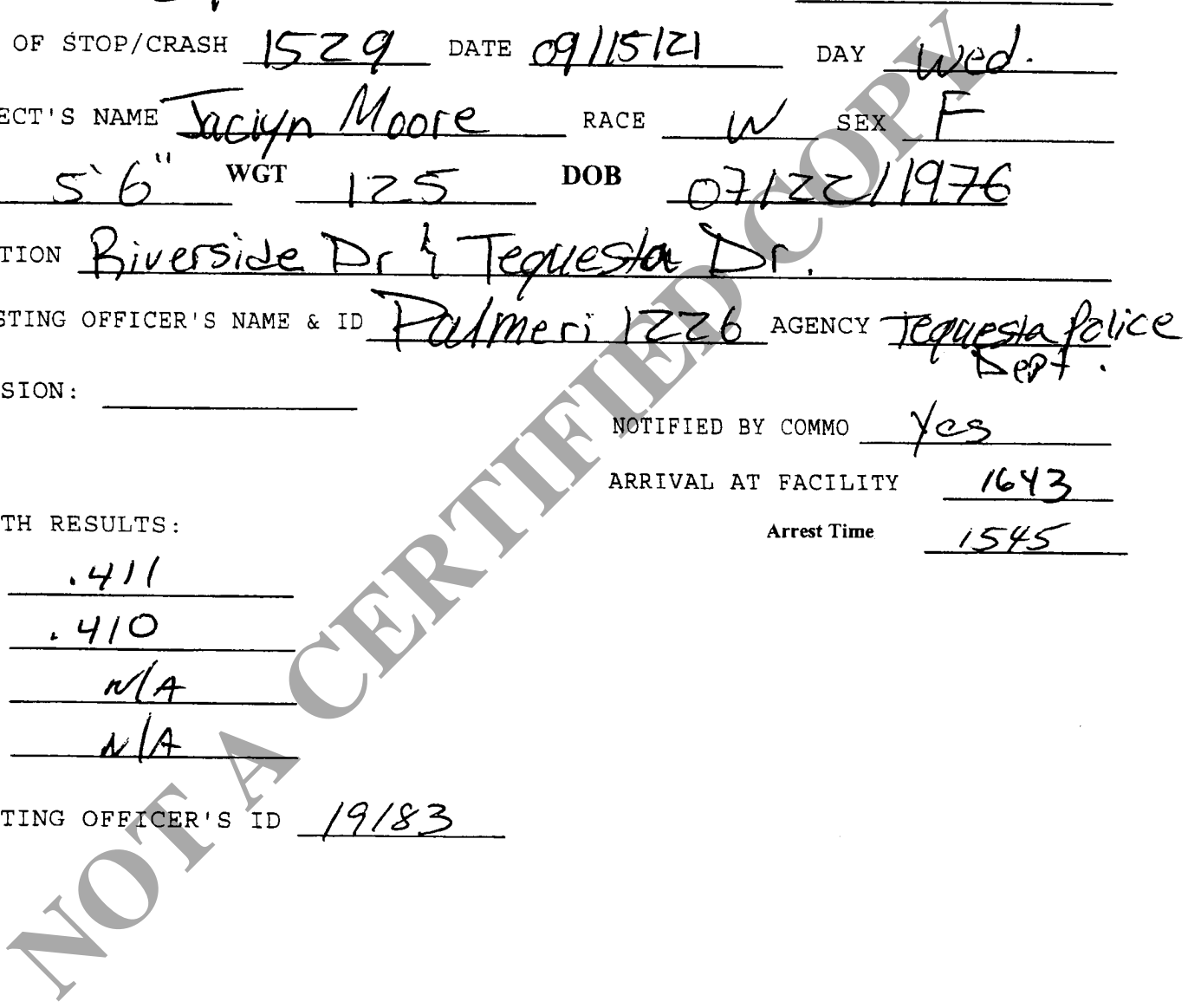
ARRIVAL AT FACILITY 1643

Arrest Time 1545

BREATH RESULTS:

- 1. .411
- 2. .410
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 19183



SUBJECT: Melvin, Taylor 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: _____

SUBJECT: Moore, Jarilyn R CASE NUMBER: _____

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:

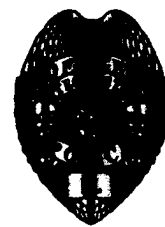
1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to 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) Madon Sawyer



TEQUESTA POLICE DEPARTMENT

DUI ARREST ADVISORY LETTER



Dear, JACYLYN MOORE,

You have been arrested for DUI by the Tequesta Police Department, Case # 21-000252.
Your vehicle has been towed by N/A

Their business telephone number can be found in the yellow pages, online search engine, or by calling directory assistance.

Your Court Date & Time is: OCTOBER 14 2021 0830
at the North County Courthouse located at 3188 PGA Blvd., Palm Beach Gardens, FL 33410.

- Your DUI Citation copy is now your temporary driving permit for the next **10 Days** for work purposes only. If you would like to request a formal hearing with the DHSMV in reference to your driver's license or applying for a hardship license may do so by certified mail. You may also contact their office in person which is located at 1299 W Lantana Rd., Lantana, FL 33462 or please call them directly at 561-433-3636 to set up an individual appointment date & time.
- Your copy of the DUI citation is **Not** a permit to drive, as your current license is now under suspension.
- Your Driver's License is **Not** suspended at this time, however, you may be notified to surrender your driver's license in a timely manner once toxicology results are completed.

If you need any further information, please call the Tequesta Police Department at the below listed telephone number and please leave a message for the arresting officer, OFC J. PALMERI
who will attempt to contact you during their next working shift after your call has been received, Thank You.

WITNESS LIST

CASE NUMBER: 21-000252

ARRESTING OFFICER: OFC J. PALMERI

ADDRESS: 357 Tequesta Drive, Tequesta, FL 33469

PHONE NUMBERS (HOME): _____ (WORK) (561) 768-0500

CAN TESTIFY TO: SFST, BAT, BEHAVIOR

NAME: SGT. E. YILDIZ

ADDRESS: 357 TEQUESTA DRIVE, TEQUESTA, FL, 33469

PHONE NUMBERS (HOME) _____ (WORK) (561) 768-0534

CAN TESTIFY TO: DRIVING PATTERN, TRAFFIC STOP, SFST, BAT, BEHAVIOR

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 _____

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CAN TESTIFY TO: _____

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

REVIEW COMPLETED BY

Booking Number: 2021023093	Date: 9/16/2021
	Specialist Name/ID: M. Tooks #8557