

11CP 2613

ARREST / NOTICE TO APPEAR

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

A D M I N I S T R A T I O N	ORIS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-001081		Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) INTERSTATE 95 NB/DONALD ROSS						Location of Offense (Business Name, Address) 15099 INTERSTATE 95/NB95 FROM DONALDROSS, JUPITER,									
D E F E N D A N T	Date of Arrest 03/27/2021	Time of Arrest 21:14	Booking Date 03/27/2021	Booking Time 21:24	Jail Date // : : :	Jail Time	Location of Vehicle		Name (Last, First, Middle) LAWRENCE, JENNIFER ANN		Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F	Date of Birth 03/12/1978	Height 5'05	Weight 116	Eye Color BROWN	Hair Color BLACK	Complexion MEDIUM	Build Medium	Marital Status S		Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
C O D E F	Local Address (Street, Apt. Number) 3749 NE 15TH TER, POMPANO BEACH, FL 33064		(City)	(State)	(Zip)	Phone		Residence Type: 1. City 2. Suburban 3. Florida 4. Out of State 5. Other		Permanent Address (Street, Apt. Number) 3749 NE 15TH TER, POMPANO BEACH, FL 33064		(City)	(State)	(Zip)	Phone	Address Source VERBAL/DL
	Business Address (Name, Street) L652421785920 / FL		(City)	(State)	(Zip)	Phone		Occupation		D/L Number, State L652421785920 / FL		INS Number	Place of Birth (City, State) BALTIMORE, MD.	Citizenship US		
J U V E N I L E	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"/> Other: _____		Name (Last, First, Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
C H A R G E	Notified by: (Name) 2. OH		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT IAC		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 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					
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Seize D. Deliver E. Use	K. Disperse/ 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. Synthetic	U. Unknown Z. Other				
	Charge Description POSSESSION OF MDMA DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL MARIJUANA)		Statute Violation Number 893.13(6)(A)	Violation of ORD #		Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number	Bond			
C H A R G E	Charge Description DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACILITIES IMPAIRED		Statute Violation Number 316.193(1)(A)	Violation of ORD #		Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number	Bond			
	Charge Description		Statute Violation Number	Violation of ORD #		Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number	Bond			
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 <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:		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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To			
	Transported By		Date Transported	Time Transported	Other											
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) To Be Assigned By PALM BEACH GARD		Court Date and Time		No Photo Available									
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed											
A D M I N	HOLD for Other Agency		Signature of Arresting Officer 358		Name Verification (Printed by Arrestee)											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) MCGILICUDDY, STEVEN		I.D. # 1216											
Intake Deputy DUNN		I.D. # 685	Pouch # MAR 28	Transporting Officer S. MCGILICUDDY		I.D. # 388	Agency JUPITE	Witness here if subject signed with an "X".	PAGE 1 OF 1							

J# 026549

?# 3263

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-001081
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 type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	Special Notes:	

Name (Last, First, Middle) LAWRENCE, JENNIFER ANN	Alias	Race B	Sex F	Date of Birth 03/12/1978
Charge Description 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL	Charge Description 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP			

Victim's Name (Last, First, Middle) State Of Florida	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.

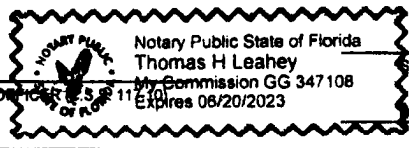

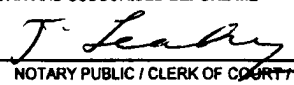
confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 27 day of March, 2021 at 20:42 (Specifically include facts constituting cause for arrest.)

On 3/27/2021 at approximately 2042 hrs, Officer Noble (SEE SUPP PC) conducted a traffic stop on a reckless Lexus (836GH/FL), northbound on I-95 from Donald Ross Road. Ofc Noble estimated that the vehicle was consistently operating at over 100 MPH and at as he was entering Jupiter jurisdiction, the vehicle was pulling away from him as he was doing 95 MPH. Officer Noble conducted a traffic stop on the vehicle and made contact with the driver and sole occupant, Jennifer Lawrence (DEFENDANT). After interacting with Lawrence, Officer Noble called me and asked me to respond to the scene, as he felt like Lawrence was possibly operating while under the influence. I responded to the scene and arrived at 2059 hrs.

I introduced myself to Lawrence, who was standing by her vehicle. She advised me that she was driving to Cape Canaveral for an event. She stated she didn't realize she was going so fast. She denied drinking any alcohol and taking any prescription medication. She did admit to smoking marijuana just prior to leaving her house. She consented to field sobriety exercises, the result of which is as follows.

- HORIZONTAL GAZE NYSTAGMUS**
- No resting nystagmus in either eye
 - Equal tracking and pupil size
 - Lack of smooth pursuit in both eyes
 - Distinct and sustained nystagmus at maximum deviation in both eyes
 - No onset of nystagmus prior to forty-five degrees in either eye, however it appeared that she was looking beyond and not at the stimulus at this point
 - 4 of 6 clues
 - No vertical nystagmus in either eye
- WALK AND TURN**
- Lost balance in starting position

SWORN AND SUBSCRIBED BEFORE ME		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)
 NOTARY PUBLIC / CLERK OF COURT / OFFICER 03/27/2021 DATE	03/27/2021 DATE	

SCANNED
MAY 28 2021

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-001081
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Name (Last, First, Middle) LAWRENCE, JENNIFER ANN	Alias	Race B	Sex F	Date of Birth 03/12/1978
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- Instructions had to be repeated
 - Used arms for balance
 - Stopped while walking
 - Improper turn by shuffling feet counter-clockwise (forgot the instructions)
 - Stepped off line on step 4 on the return (but called it 5)
 - 5 of 8 clues
 - Major body tremors

ONE LEG STAND
 - Swayed
 - Used arms for balance
 - Major body tremors
 - 2 of 4 clues

FINGER TO NOSE
 1L - Pad to tip
 2R - Pad to tip
 3L - Pad to tip
 4R - Pad to bridge
 5R - Pad to tip
 6L - Pad to left side of nose
 - Eyelid tremors to the point that she could not keep her eyes closed

MODIFIED RHOMBERG
 - Major eyelid tremors
 - Estimated the passage of 30 seconds in 42 seconds

 Based on my observations, investigation and the totality of the circumstances, I have probable cause to believe that Jennifer Lawrence was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that her normal faculties were impaired, contrary to F.S.S. 316.193. I placed her under arrest at 2114 hrs.
 After being placed under arrest, an inventory search was conducted of her vehicle prior to it being towed. Officer Bigtree (SEE SUPP) located a small circular makeup container in the front passenger area. Inside of the container were a blue and red circular pill with smiley faces embossed on them. There was also a clear cylindrical pill containing a brown powder and a yellow circular pill with no markings. I asked Lawrence what the pills were and she advised a friend gave them to her and told her that it was "Molly", which is a street name for 3,4-Methylenedioxymethamphetamine. It is more commonly known as ecstasy. I utilized an MDMA Reagent test kit and confirmed that the circular pills were MDMA as they field tested positive. The other two pills will be sent to the lab for testing. I therefore additionally find probable cause to believe that Lawrence was in unlawful possession of a controlled substance, to wit, MDMA, contrary to F.S.S.

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 NOTARY PUBLIC / CLERK OF COURT / OFFICER DATE 03/27/2021		 MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) DATE 03/27/2021

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number

Agency ORI Number
FL 0501700

Agency Name
JUPITER POLICE DEPARTMENT

Agency Report Number
5 4 21-001081

Charge Type:
Check as many as apply.
 1. Felony
 2. Traffic Felony
 3. Misdemeanor
 4. Traffic Misdemeanor
 5. Ordinance
 6. Other

Special Notes:

Name (Last, First, Middle)
LAWRENCE, JENNIFER ANN

Alias
Race **B** Sex **F** Date of Birth **03/12/1978**

893.13 (6) (A) .

I transported Lawrence to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 2210 hrs. I placed her under a 20 minute observation period, during which I did not observe her consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #24639) and I requested that Lawrence submit to a breath test. She consented and provided breath samples of .000 BrAC and .000 BrAC. I then asked her for a urine sample and she consented. I read her implied consent from a prepared card so that she would be aware of the consequences should she not provide a sample. I also read her her Miranda rights from a prepared card at this time. Post-Miranda she agreed to submit to a Drug Recognition Expert Exam.

Lawrence provided me a urine sample at 2254 hrs. Drug Recognition Expert Pointu from the Palm Beach County Sheriff's Office arrived at the BAT and conducted a Drug Influence Evaluation on Lawrence (SEE PBSO DRE REPORT). I then booked her into the county jail. Lawrence was given a court date of 4/28/2021 at 0830 hrs. She was issued a traffic citation for DUI and also a traffic citation for 95 MPH in a 70 MPH interstate zone. Her vehicle was towed from the scene by East Coast Towing. BWC.

NOT A CERTIFIED COPY

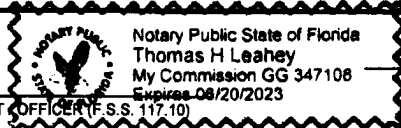
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SWORN AND SUBSCRIBED BEFORE ME

T. Leahey
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)



Notary Public State of Florida
Thomas H. Leahey
My Commission GG 347108
Expires 08/20/2023

[Signature]
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

03/27/2021
DATE

03/27/2021
DATE

PAGE
3 OF 3

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: LAWRENCE, JENNIFER

DATE: Mar 27, 2021

BEGINNING TIME: 22:32

ENDING TIME: 22:47

CASE NUMBER: 21-049420

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) .000 TIME 22:36 A.M. P.M. 2) .000 TIME 22:39 A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: LIGHT BLUE PANTS, WHITE / PINK / GREEN T-SHIRT , PINK / TEAL SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:10 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: ASKED FOR A URINE SAMPLE AT 22:41 HRS

SUBJECT: STATED SHE WOULD PROVIDE A URINE SAMPLE

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO PROVIDE A URINE SAMPLE AT 22:42 HRS

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

NO Q&A CONDUCTED

SUBJECT: PROVIDED A URINE SAMPLE AT 22:54 HRS

DRE CONDUCTED

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 03/27/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 22:10

Subject's Name: JENNIFER A LAWRENCE

DOB: 03/12/1978 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	22:34
Air Blank	0.000	22:35
Control Test	0.081	22:35
Air Blank	0.000	22:35
Subject Sample #1	0.000	22:36
Air Blank	0.000	22:36
Air Blank	0.000	22:38
Subject Sample #2	0.000	22:39
Air Blank	0.000	22:39
Control Test	0.080	22:40
Air Blank	0.000	22:40
Diagnostics Check	OK	22:40

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 PARIS D POUND, 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: 03/27/21

Sworn to (or affirmed) before me this 27 day of MARCH, 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.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 03/27/2021

Date of Last Agency Inspection: 03/12/2021
Observation Period Began: 22:10
Subject's Name: JENNIFER A LAWRENCE DOB: 03/12/1978 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	22:34
	Air Blank	0.000	22:35
	Control Test	0.081	22:35
	Air Blank	0.000	22:35
	Subject Sample #1	0.000	22:36
	Air Blank	0.000	22:36
	Air Blank	0.000	22:38
	Subject Sample #2	0.000	22:39
	Air Blank	0.000	22:39
	Control Test	0.080	22:40
	Air Blank	0.000	22:40
	Diagnostics Check	OK	22:40

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 PARIS D POUND, 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: 03/27/21
Signature

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

Signature of Notary Public-State of Florida SA#588 Printed Name of Notary Public-State of Florida OFF. S. MCGILLICUDDY

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 # 21-049420 PBSO ZONE 3-15

AGENCY CASE # 21-001081 CRASH CASE # _____

TIME OF STOP/CRASH 2042 DATE 03/27/2021 DAY SATURDAY

SUBJECT'S NAME LAWRENCE JENNIFER A RACE B SEX F
LAST FIRST MID

HGT 5'5 WGT 116 DOB 3/12/1978

LOCATION I95/DONALD ROSS RD

ARRESTING OFFICER'S NAME & ID MCGILICUDDY 388 AGENCY JUPITER PD

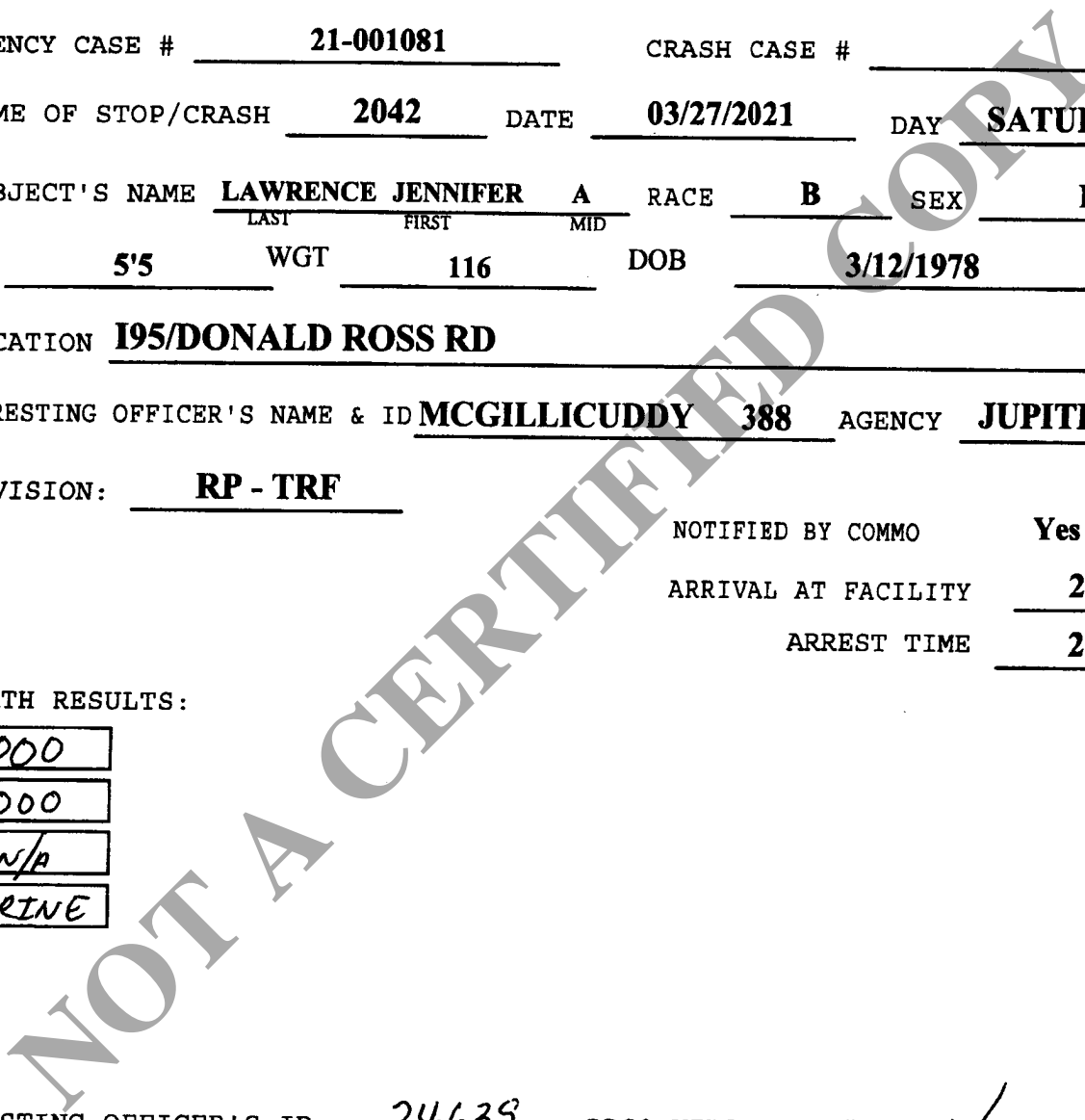
DIVISION: RP - TRF

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 2210
 ARREST TIME 2114

BREATH RESULTS:

- 1) .000
- 2) .000
- 3) N/A
- 4) URINE

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A



SUBJECT: CHRISTOPHER JENNIFER CASE NUMBER: 1

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) John Doe

SUBJECT: LAURENCE JENNIFER 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: _____

WITNESS LIST

CASE NUMBER: 21-001081

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC FOR ARREST

NAME: OFC NOBLE

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: PC FOR STOP/SUBMIT NARCOTICS TO EVIDENCE

NAME: OFC BIGTREE

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP/FOUND MDMA

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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NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

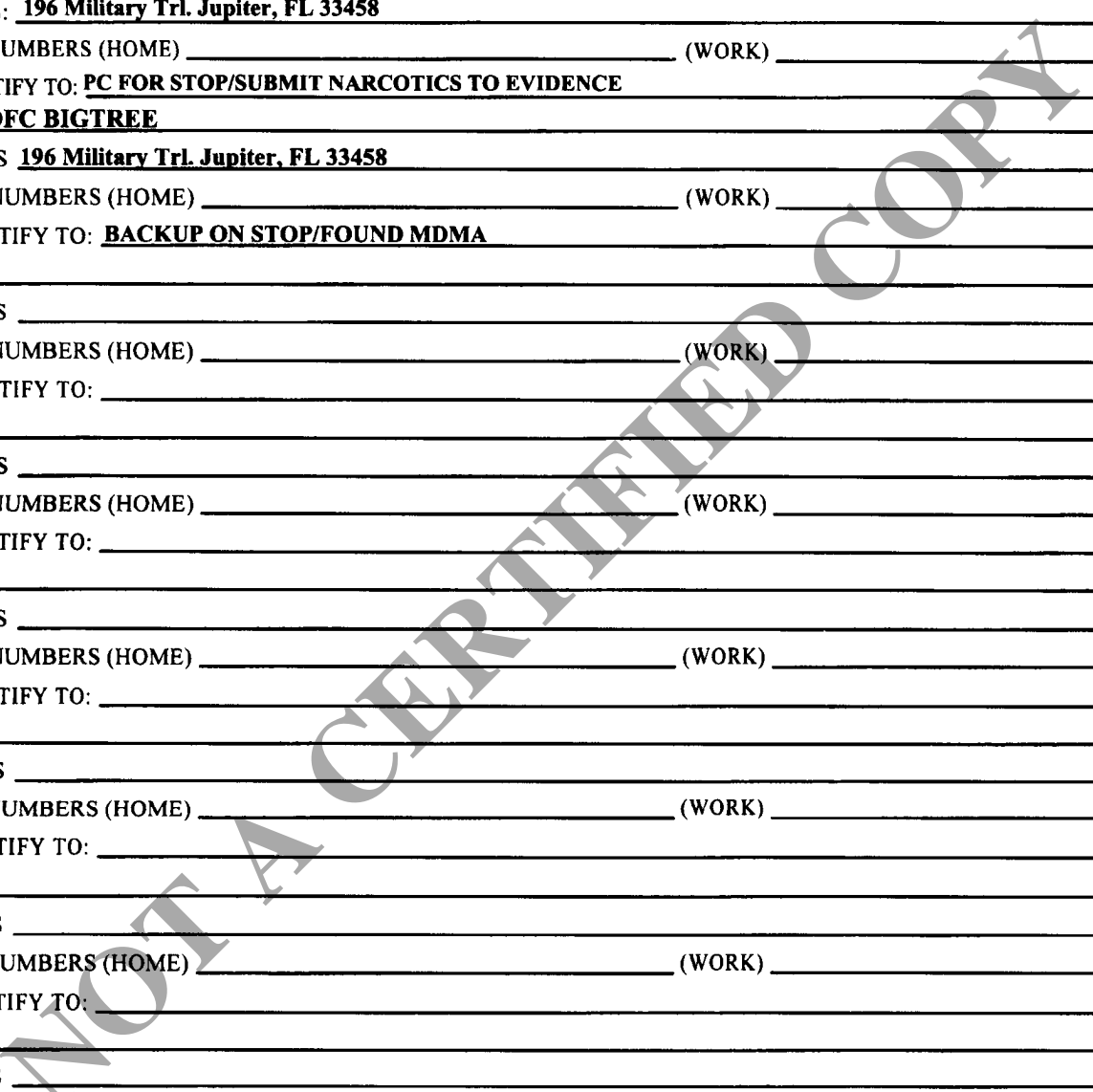
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____





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: 2021007430	Date: 03/28/2021
	Specialist Name/ID: T Howard/7185