

20-CT-12427-AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest  
2. N.T.A.

3. Request for Warrant  
4. Request for Capias

Juvenile

N

OBTS Number <b>570518896</b>		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-113148</b>	
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) <b>Powerline Rd/Town Harbour Blvd, Boca Raton FL</b>				Location of Offense (Business Name, Address) <b>Powerline Rd/Town Harbour Blvd, Boca Raton FL</b>			
Date of Arrest <b>10/03/2020</b>	Time of Arrest <b>2142</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Westway Towing</b>	
Name (Last, First, Middle) <b>Dixon, Jessica, Raquel</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian <b>B</b>	Sex <b>F</b>	Date of Birth <b>5/13/1991</b>	Height <b>5'03</b>	Weight <b>135</b>	Eye Color <b>BR</b>	Hair Color <b>Br</b>	Complexion <b>Dk</b>
Build <b>Med</b>				Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>hip, ribs wrist</b>		Marital Status <b>Single</b>	
Local Address (Street, Apt. Number) <b>4542 Nw 60th St, Coconut Creek, FL 33073</b>		City (City) (State) (Zip)		Phone <b>(385) 600 9059</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		City (City) (State) (Zip)		Phone		Address Source <b>Def</b>	
Business Address (Name, Street)		City (City) (State) (Zip)		Phone		Occupation <b>Legal Asst.</b>	
D/L Number, State <b>D250436916730, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Coral Springs FL</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested <input type="checkbox"/> 2. At Large		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone			
Address (Street, Apt. Number)		City (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 355-2528) 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 S. Sell N. N/A P. Possess		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 <b>Driving Under the Influence</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(3)(1)</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20-113148</b>	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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	
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	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>							
Court Date and Time <b>Month 10 Day 29 Year 20 Time 8:30 AM X PM</b>							
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. <b>10/03/2020</b> Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____							
HOLD for other Agency Name:		Signature of Arresting Officer		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) <b>A. Soloway 8586</b>		I.D. # <b>8586</b>		(PRINT)	
Mistake Deputy <b>Samm Blou</b>		I.D. #		Pouch #		Transporing Officer <b>A. Soloway 8586</b>	
I.D. #		Agency <b>PBSO</b>		Witness here if subject signed with an "X"		PAGE <b>1 of 1</b>	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

10/14/2020 11:17:10

PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Copies	1	Juvenile
OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 20-113148
ADMIN	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other
DEF	Name (Last, First, Middle) DIXON, JESSICA, RAQUEL				Alias
CHARGES	Charge Description DUI		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA				Race B
	Local Address (Street, Apt Number)		(City)	(State)	(Zip)
	Business Address (Name, Street)		(City)	(State)	(Zip)
<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</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____</p> <p><input type="checkbox"/> admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____</p> <p><input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>_____ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>3RD</u> day of <u>OCTOBER</u> 20 <u>20</u> at <u>7:50</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><u>I RESPONDED TO THE AREA OF PALMETTO PARK RD AND POWERLINE RD IN REFERENCE TO A CAR ACCIDENT. UPON ARRIVAL, I MADE CONTACT WITH THE DRIVER OF ONE OF THE VEHICLES INVOLVED IN THE ACCIDENT WHO WAS POSITIVELY IDENTIFIED BY HER FL. DRIVERS LICENSE AS JESSICA DIXON. MS. DIXON AT THAT TIME WAS SITTING IN THE DRIVERS SEAT WITH THE IGNITION RUNNING TO HER 2011 BLACK BMW BEARING FL. TAG NSL-M08. WHILE SPEAKING WITH MS. DIXON, I OBSERVED THAT HER SPEECH WAS SLURRED AND SHE HAD STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMITTING FROM HER BREATH. D/S SOLOWAY FROM OUR TRAFFIC UNIT WAS NOTIFIED IN REFERENCE TO MY FINDINGS AND RESPONDED TO THE SCENE IN ORDER TO CONDUCT A D.U.I. INVESTIGATION.</u></p>					
PROBABLE CAUSE STATEMENT					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u>DSM JOHNSON</u> <u>7655</u> (Signature of Arresting Investigative Officer)		The foregoing instrument was sworn to or affirmed and subscribed before me this <u>3RD</u> day of <u>OCTOBER</u> 20 <u>20</u> by <u>D/S M. JOHNSON #7655</u>		
	(Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)				<u>LEO</u>

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF October 20 20 AT 1942 AM  PM

SUBJECT: Dixon, Jessica, Raquel CASE NUMBER: 20-113148

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist DS McDonough #14976 with a crash involving a possible impaired driver. Upon arrival I met with DS M Johnson #7655 who advised me:

I RESPONDED TO THE AREA OF PALMETTO PARK RD AND POWERLINE RD IN REFERENCE TO A CAR ACCIDENT. UPON ARRIVAL, I MADE CONTACT WITH THE DRIVER OF ONE OF THE VEHICLES INVOLVED IN THE ACCIDENT WHO WAS POSITIVELY IDENTIFIED BY HER FL. DRIVERS LICENSE AS JESSICA DIXON. MS. DIXON AT THAT TIME WAS SITTING IN THE DRIVERS SEAT WITH THE IGNITION RUNNING TO HER 2011 BLACK BMW BEARING FL. TAG NSL-M08. WHILE SPEAKING WITH MS. DIXON, I OBSERVED THAT HER SPEECH WAS SLURRED AND SHE HAD STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMITTING FROM HER BREATH.

### OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of her vehicle. Her speech was slurred and her eyes were red and glassy. She was argumentative and belligerent. She was extremely talkative. She continuously talked while I was giving her the instructions. I could smell an odor of an unknown alcoholic beverage on her breath as she spoke.

The defendant's vehicle (V1) was in the far right lane of Powerline Rd. The victim's vehicle (V2) was on the center median of Powerline Rd. V1 had damage to the right front corner. V2 had damage to the passenger side door. Based on roadway evidence and statements, both vehicle's were traveling northbound on Powerline Rd. approaching Town Harbor Blvd. V1 was in the outside lane and V2 was in the inside lane. V1 changed lanes and crashed into V2.

### DRIVER'S STATEMENTS:

I read the defendant her Miranda Warnings and advised her the crash investigation had concluded. She spoke over me as I read her Miranda. I asked if she had any questions and she did not ask any.

### ODORS:

I could smell an odor of an unknown alcoholic beverage on her breath as she spoke.

## GENERAL OBSERVATIONS

### SPEECH:

ATTITUDE: belligerent, argumentative, then became compliant

CLOTHING: one piece dress

MEDICAL/OTHER: stated none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586

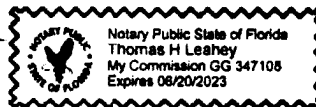
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of October 20 20 by A. Soloway 8586

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

Thomas Leahey (#19183)

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



SUBJECT: Dixon, Jessica, Raquel

CASE NUMBER 20-113148

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

The defendant moved her head several times.

**WALK & TURN:**

The defendant was unable to maintain her balance during the instructions. She did not look at her feet as she walked. She raised her arms for balance as she walked. She missed heel to toe. She began this task numerous times before being instructed to begin. She was demanding on how she was going to perform this task.

**ONE LEG STAND:**

The defendant did not look at her raised foot. She put her foot down multiple times before 30 seconds elapsed. She put her foot down on the count of 1021 and said "that's it". She raised her arms for balance

**FINGER TO NOSE:**

The defendant touched the side of her nose on attempts 1, 2, 3, and 5. She used the side of her finger on attempt 6.

**ROMBERG ALPHABET:**

The defendant incorrectly recited the alphabet.

**BREATH TEST RESULTS:**

1) .209	2) .208	3)	4)
---------	---------	----	----

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586

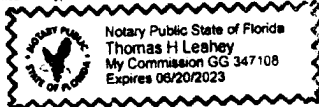
Signature of Arresting/Investigative Officer

foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of October 20 20 by A. Soloway 8586

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

Thomas Leahey (#19183)

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





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

PBSO CASE # 20-113148 PBSO ZONE 7-21

AGENCY CASE # \_\_\_\_\_ CRASH CASE # 20-113131

TIME OF STOP/CRASH 1942 DATE 10/03/2020 DAY Saturday

SUBJECT'S NAME Dixon, Jessica, Raquel RACE B SEX F

HGT 5'03 WGT 135 DOB 5/13/1991

LOCATION Powerline Rd/Town Harbour Blvd, Boca Raton FL

ARRESTING OFFICER'S NAME & ID A. Soloway 8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2235

ARREST TIME 2142

BREATH RESULTS:

- 1) .209
- 2) .208
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 20-113148

ARRESTING OFFICER: A. Soloway 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS McDonough 14976

ADDRESS: PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: crash investigation

NAME: DS M Johnson #7655

ADDRESS PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: Wheel witness

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 \_\_\_\_\_

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: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Dixon, Jessica R CASE NUMBER: 20-113148

DATE: 10/03/2020 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2257 ENDING TIME: 2313

BREATH TESTS RESULTS: 1) .209 TIME 2302 A.M.  P.M.  2) .208 TIME 2305 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

ATTITUDE: talkative, fidgety, cooperative

CLOTHING: tan/black strip dress, clear shoes

MEDICAL CONDITIONS: none

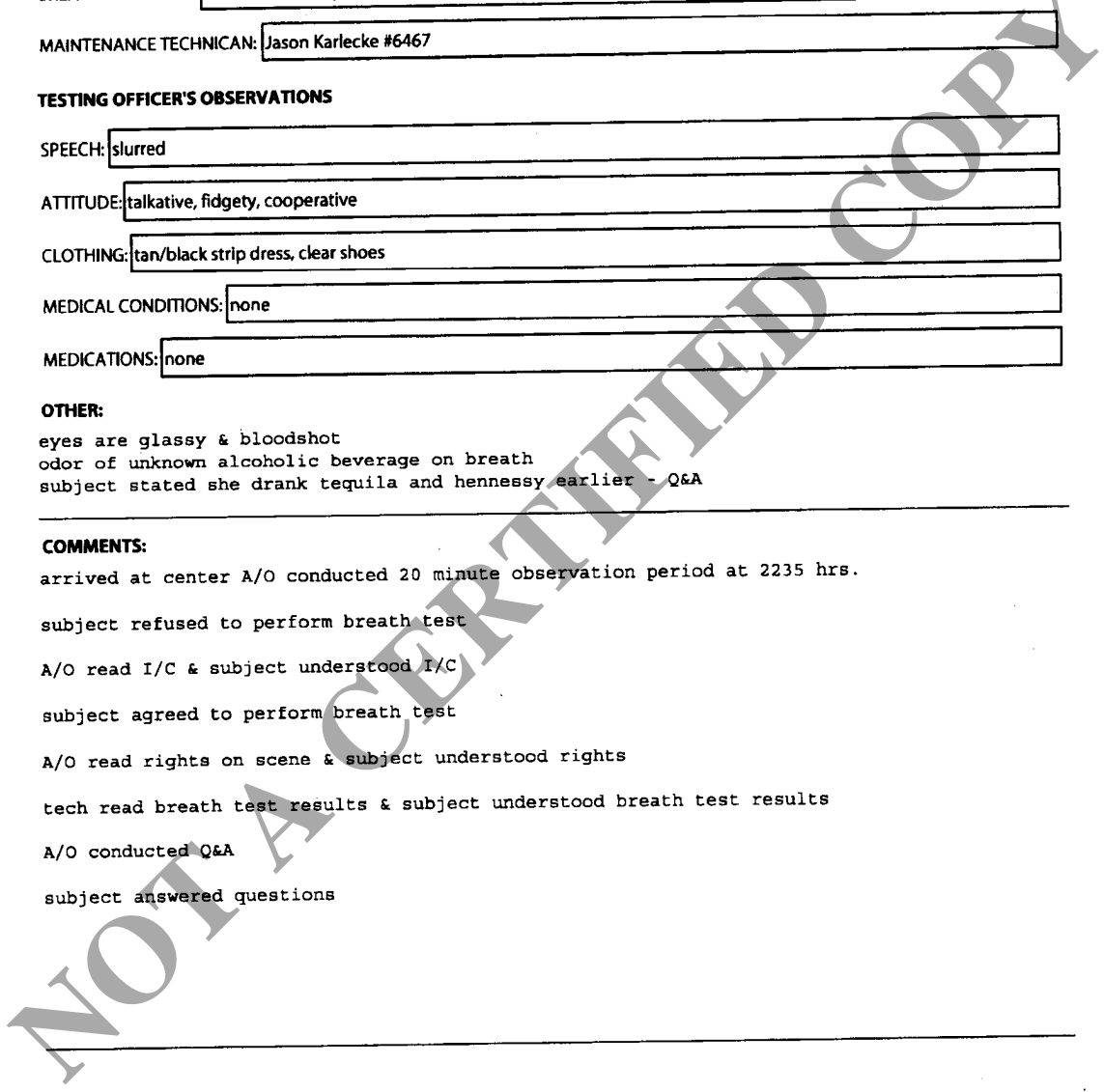
MEDICATIONS: none

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
subject stated she drank tequila and hennsey earlier - Q&A

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2235 hrs.  
subject refused to perform breath test  
A/O read I/C & subject understood I/C  
subject agreed to perform breath test  
A/O read rights on scene & subject understood rights  
tech read breath test results & subject understood breath test results  
A/O conducted Q&A  
subject answered questions



*Jessie R*

CONFIDENTIAL

### INFORMED CONSENT FORM FOR A MORTALITY

PLEASE PRINT THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST

I have read and understand the purpose and benefits of your EXPERIMENT for the purpose of RESEARCH

OR

I am not a patient and I have read and understand the purpose and benefits of your EXPERIMENT for the purpose of RESEARCH

OR

I am a patient and I have read and understand the purpose and benefits of your EXPERIMENT for the purpose of RESEARCH

PLEASE PRINT THE FULL NAME OF THE SUBJECT COMPLETE WITH ADDRESS

*Dr. A. Seligson #1586*

I have read and understand the purpose and benefits of your EXPERIMENT for the purpose of RESEARCH and I have signed this form voluntarily. I understand that my participation in this experiment is entirely voluntary and that I may withdraw at any time without penalty or loss of benefits to which I am otherwise entitled. I understand that my participation in this experiment is for my own benefit and that I am not being coerced or deceived in any way. I understand that my participation in this experiment is for my own benefit and that I am not being coerced or deceived in any way.

*Read in camera*

### CONSTITUTIONAL WARNINGS

PLEASE PRINT THE NAME OF THE WITNESS AND SIGNATURE OF THE WITNESS

1. You have the right to remain silent and not answer any question.
2. Any statements made by you may be used against you in court.
3. You have the right to stop answering questions at any time.
4. You have the right to stop answering questions at any time.
5. You have the right to stop answering questions at any time.
6. You have the right to stop answering questions at any time.
7. You have the right to stop answering questions at any time.
8. You have the right to stop answering questions at any time.
9. You have the right to stop answering questions at any time.
10. You have the right to stop answering questions at any time.

*[Signature]*

DATE

*[Signature]*

SUBJECT DIANE BISSICA R

FILE NUMBER 11-100

### QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS WITH THESE RIGHTS IN MIND. YOU MAY STOP AT ANY TIME. IF YOU HAVE ANY QUESTIONS AS TO YOUR RIGHTS, I WILL EXPLAIN THEM TO YOU.

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

WHAT TYPE OF VEHICLE? 1100cc

WHERE DID YOU START? Low. Pa.

WHERE DID YOU END? 7. you. Fla.

WHAT TIME DID YOU START? No. 8.00 WHAT TIME IS IT NOW? about 11.00

WHAT IS TODAY'S DATE? 11/27 WHAT DAY OF THE WEEK IS IT? FRIDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PRC

WHERE DID YOU LAST EAT? Low. Pa. WHAT DID YOU EAT? 7. you. Fla.

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? 7. you. Fla.

HOW MUCH DID YOU DRINK? 1.00 HAVE YOU BEEN DRINKING? Yes

WHAT TYPE OF DRINK? Beer WITH MEAT? Yes

WHERE DID YOU HAVE YOUR FIRST DRINK? PRC AND YOUR LAST DRINK? 5.00

HOW MANY DRINKS DID YOU HAVE? 5.00

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE OF ALCOHOL? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No

WHERE? Low. Pa. WHEN DID YOU LAST DRINK? 7.00

WHAT TYPE OF WORK ARE YOU IN? Shopper WHEN DID YOU LAST WORK? 7.00

DO YOU HAVE ANY PHYSICAL INJURIES OR DISABILITIES? No WHAT? None

ARE YOU SICK OR INFIRM? No WHAT'S WRONG? None

DO YOU HAVE ANY MEDICAL CONDITIONS OR A HISTORY OF HEAD INJURY? No

WERE YOU EVER IN THE ARMY OR NAVY? No

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR DISABILITIES? No WHAT? None

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR DISABILITIES? No WHAT? None

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR DISABILITIES? No WHAT? None

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR DISABILITIES? No WHAT? None

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR DISABILITIES? No WHAT? None

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR DISABILITIES? No WHAT? None

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR DISABILITIES? No WHAT? None

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR DISABILITIES? No WHAT? None

DO YOU TAKE ANY MEDICATION? No IF SO, WHEN WAS YOUR LAST PHYSICIAN VISIT? 96

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSES? No WHERE? None

DO YOU HAVE ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE? No

DO YOU HAVE ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE? No

DO YOU HAVE ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE? No

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: 80-006477 Software: 8100.27  
Date of Test: 10/03/2020

Date of Last Agency Inspection: 09/18/2020  
Observation Period Began: 22:35  
Subject's Name: JESSICA R DIXON

DOB: 05/13/1991 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:00
	Air Blank	0.000	23:00
	Control Test	0.079	23:01
	Air Blank	0.000	23:01
	Subject Sample #1	0.209	23:02
	Air Blank	0.000	23:03
	Air Blank	0.000	23:05
	Subject Sample #2	0.208	23:05
	Air Blank	0.000	23:06
	Control Test	0.078	23:06
	Air Blank	0.000	23:07
	Diagnostics Check	OK	23:07

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 THOMAS H LEAHY, 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 Leahy

Signature

Date: 10/03/2020

Sworn to (or affirmed) before me this 03<sup>rd</sup> day of October, 2020

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"/>			
Other	<input type="checkbox"/>	539.001(B)1, 539.003	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

#### REVIEW COMPLETED BY

Booking Number: 2020023407	Date: 10/4/2020
	Specialist Name/ID: M. Tooks #8557