

0525402

21CT14058MB

1047

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21098505															
Charge Type: Check as many as apply:		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 <input type="checkbox"/>									
Location of Arrest (Including Name of Business) HALL BLVD / TANGELO BLVD, LOXAHATCHEE, FL 33412		Location of Offense (Business Name, Address) HALL BLVD / TANGELO BLVD, LOXAHATCHEE, FL 33412																			
Date of Arrest 08/21/2021		Time of Arrest 2235		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle EAST COAST TOWING									
Name (Last, First, Middle) Edwards, Julie,												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White / - American Indian B - Black / - Oriental/Asian W		Sex F		Date of Birth 2/14/1989		Height 5'07		Weight 195		Eye Color BROWN		Hair Color BROWN		Complexion MED		Build LARGE					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT THIGH, BACK SHOULDER, ANKLES												Martial Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence Y N U					
Local Address (Street, Apt. Number) 15212 73rd St N, Loxahatchee, FL 33470		(City)		(State)		(Zip)		Phone (561) 818-3088		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source FL DL / VERBAL		Occupation OFFICE MANAGER							
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source		Occupation									
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Address Source		Occupation									
DIL Number, State E363428895540, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH		Citizenship YES													
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											
Parent Legal Custodian Other:		Name (Last)		(First)		(Middle)		Residence Phone													
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone													
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Pended/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.												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		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 2. Other	
Charge Description Driving Under the Influence		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 N		Drug Type N		Amount / Unit		Offense # 21098505		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											
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 SEPTEMBER Day 9th Year 2021 Time 08:30 AM X 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 08/21/2021																					
Signature of Defendant (or Juvenile and Parent / Custodian)												Date Signed									
HOLD for other Agency Name:		Signature of Arresting Officer X		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. Cisson ID# 24091		I.D. # 24091		(PRINT)													
Intake Deputy		I.D. #		Pouch #		Transporting Officer Inv. Cisson		ID # 24091		Agency PRSO		PAGE 1 OF 1									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21st DAY OF August 20 21, AT 2125 AM ☒ PM
SUBJECT: Edwards, Julie, CASE NUMBER: 21098505

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson ID# 24091

PERSONAL CONTACT

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

On Saturday August 21st 2021 at approximately 2159 hours, I arrived on scene of a mobile eyes complaint at Hall Blvd and Tangelo Blvd. The complainant/witness observed the vehicle stopped in the roadway upon Hall Blvd. He noticed a female passed out behind the wheel and the vehicle was running. He completed a sworn witness statement to his observations. I spoke with Deputy Smith ID 15068 who relayed the following the me:

On the above date and time, I responded to the intersection of HALL BLVD / TANGELO BLVD, located in unincorporated Loxahatchee, Palm Beach County, FL in reference to a suspicious vehicle that had been stationary for 30 minutes. Shortly after, PBSO Dispatch advised a passerby was with the vehicle and located an unknown adult female whom was seated in the driver's seat and motionless. Upon my arrival to the intersection, I located a black Dodge SUV, bearing the FL Tag KXGF14, positioned southbound on the northwest side of the intersection and in the roadway. I approached the driver's side of the black Dodge and located a white, adult female, verbally identified as Julie Edwards, hunched over the steering wheel and motionless. I attempted to open the driver door, but it was locked. I attempted to make contact with Edwards by banging on the driver door and window with negative results. I proceeded to the passenger door and made entry to the vehicle cabin by breaking the passenger window glass by utilizing my PBSO assigned window breaking tool. Once inside the vehicle I gave commands to Edwards, and she regained consciousness. While speaking with Edwards, her speech was slurred and she could not complete simple tasks such as presenting me with her car keys or advising me where she was. Upon asking Edwards if she was okay, she responded "Lox life, baby". I looked in Edwards eyes; they appeared glassy and her pupils appeared dilated. While inside Edwards' cabin, I noticed a prescription pill bottle located on the cabin floor of the passenger side. I examined the pill and saw the label "Alprazolam" located on the bottle. I ensured Edward's car keys were secured and made contact PBSO DUI Unit for further analysis. This concludes his supplement.

OBSERVATION OF DRIVER:

I observed the defendant, Julie Edwards who was wearing a black top and pink shorts. She did not have any shoes on. The defendant was sitting in the driver seat of the vehicle. She was the sole occupant. I asked the defendant to walk over to the front of my vehicle and speak with me. While standing stationary the defendant swayed. I could see the defendants eyes were bloodshot and glossy. Her face and cheeks were appeared to be red. She had an obvious odor of an unknown alcoholic beverage emitting from her breath that grew stronger as she spoke.

DRIVER'S STATEMENTS:

The defendant said she did not have any physical abnormalities, injuries, diabetes, wear glasses or receive a bump on the head. She said she was not involved in an accident today. The defendant said she had 2 light beers to drink. She could not recall the exact name of the beer she consumed. The defendant said she was coming from a friends and going home. He said he was driving the vehicle. She agreed to do roadside field sobriety tasks. She said she takes Lexapro, Xanax, and Adderall.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow

ATTITUDE: Calm, Compliant

CLOTHING: Disheveled, Clean

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

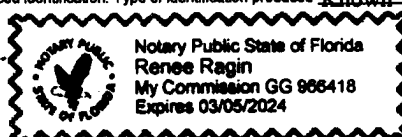
Inv. Cisson ID# 24091
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of August 20 21 by Inv. Cisson ID# 24091

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

Renee Ragin (#16877)

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



SUBJECT: Edwards, Julie, CASE NUMBER 21098505

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:

The defendant swayed while standing stationary. I had to remind the defendant to not turn her head multiple times. I had to remind her to follow the red light and not to look at me, multiple times.

WALK & TURN:

The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant failed to maintain the instructional stance. I had to remind her to multiple time to keep her feet and hands in the instructional stance. The defendant swayed while standing stationary. The defendant used her arms for balance throughout the task, did not touch heel to toe multiple times, stepped off the line, stopped to regain her balance, and took the incorrect number of steps. She took 13 steps on the first set of 9 and 12 steps on the second set of 9 steps.

ONE LEG STAND:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant used her arms for balance and put her foot down multiple times before 30 seconds elapsed.

FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant used the pad of her finger on all attempts. She also missed the tip of his nose with the tip of her finger multiple times. I called for right and she raised her left hand on the fifth attempt.

ROMBERG ALPHABET:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant recited the alphabet fast and rhymed LMNOP.

BREATH TEST RESULTS: Refusal Refusal Refusal Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of August, 2021 by Inv. Cisson ID# 24091

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

Renee Ragin (#16877)

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



OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N/A	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORS Number FL0500000		Agency Name Palm Beach County Sheriff's Office		Agency Report Number 06 - 21-098505				
Charge Type Check all that Apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" 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) EDWARDS JULIE				Race W	Sex F	Date of Birth 02/14/1989		
Charge Description				Charge Description				
Charge Description				Charge Description				
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. <input checked="" type="checkbox"/> Committed the below act in my presence. <input type="checkbox"/> Was observed by _____ Who told _____ That he/she saw the arrested person commit the below act. <input type="checkbox"/> Confessed to _____ Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below act, resulting from my (described) investigation.								
On The 21 Day Of AUGUST 2021 At 2125 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

On the above date and time, I responded to the intersection of HALL BLVD / TANGELO BLVD, located in unincorporated Loxahatchee, Palm Beach County, FL in reference to a suspicious vehicle that had been stationary for 30 minutes. Shortly after, PBSO Dispatch advised a passerby was with the vehicle and located an unknown adult female whom was seated in the driver's seat and motionless.

Upon my arrival to the intersection, I located a black Dodge SUV, bearing the FL Tag KXGF14, positioned southbound on the northwest side of the intersection and in the roadway. I approached the driver's side of the black Dodge and located a white, adult female, verbally identified as Julie Edwards, hunched over the steering wheel and motionless. I attempted to open the driver door, but it was locked. I attempted to make contact with Edwards by banging on the driver door and window with negative results. I proceeded to the passenger door and made entry to the vehicle cabin by breaking the passenger window glass by utilizing my PBSO assigned window breaking tool.

Once inside the vehicle I gave commands to Edwards, and she regained consciousness. While speaking with Edwards, her speech was slurred and she could not complete simple tasks such as presenting me with her car keys or advising me where she was. Upon asking Edwards if she was okay, she responded "Lox life, baby". I looked in Edwards eyes; they appeared glassy and her pupils appeared dilated. While inside Edwards' cabin, I noticed a prescription pill bottle located on the cabin floor of the passenger side. I examined the pill and saw the label "Alprazolam" located on the bottle. I ensured Edward's car keys were secured and made contact PBSO DUI Unit for further analysis.

The foregoing instrument was sworn to and affirmed before me this 21 day of AUGUST 20 21, by:	
D/S B MOBLEY ID#35100	D/S E SMITH 15068
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

WITNESS LIST

CASE NUMBER: 21098505

ARRESTING OFFICER: Inv. Cisson ID# 24091

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Facts of the case

NAME: D/S SMITH ID 15068

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: INDICATORS OF IMPAIRMENT / INITIAL CONTACT

NAME: JOSHUA DOVEY

ADDRESS 119 SANDPIPER AVE, ROYAL PALM BEACH, FL 33411

PHONE NUMBERS (HOME) 561-635-6076 (WORK) _____

CAN TESTIFY TO: Witness

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: EDWARDS, JULIE CASE NUMBER: 21-098505

DATE: Aug 21, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:35 ENDING TIME: 23:50

BREATH TESTS RESULTS: 1) R TIME 23:49 A.M. ☐ P.M. ☒ 2) N/A TIME N/A 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: LOW

ATTITUDE: CALM, QUIET

CLOTHING: PINK / WHITE SHORTS, BLACK / WHITE TANK TOP , NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: XANAX

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:12 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C TWO TIMES , ALSO EXPLAINED I/C

SUBJECT: STATED SHE UNDERSTOOD I/C , BUT KEPT GOING BACK AND FORTH WITH A/O ABOUT IF SHE SAYS YES OR NO.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

SUBJECT: COOPER, DO, VICT CASE NUMBER: 21-073505

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) _____

SUBJECT: EDWARD B. TOLLE CASE NUMBER: 21-01-505

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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: 80-006239 Software: 8100.27
Date of Test: 08/21/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 23:12

Subject's Name: JULIE EDWARDS

DOB: 02/14/1989 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	23:40
Air Blank	0.000	23:40
Control Test	0.079	23:40
Air Blank	0.000	23:41
Subject Sample #1	NSP*	23:44
Air Blank	0.000	23:45
Air Blank	0.000	23:47
Subject Sample #2	REF**	23:49
Air Blank	0.000	23:49
Control Test	0.079	23:50
Air Blank	0.000	23:50
Diagnostics Check	OK	23:50

*No Sample Provided

**Subject Test Refused

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 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: 08/21/21

Sworn to (or affirmed) before me this 21st day of August, 2021

INV. J. Cisson

Signature of Notary Public-State of Florida

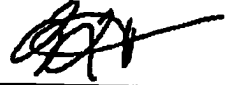
Printed Name of Notary Public-State of Florida

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.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Investigator JACKIE CISSON, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)
or affirm that on or about the TWENTY-FIRST day of August, 2021, at 10:35 PM
DRIVER JULIE
(Type or Print) FIRST MIDDLE OR MAIDEN EDWARDS LAST
DL # E363420895540, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator JACKIE CISSON and
(Name of Arresting Officer)
issued Citation # AEA700E
That on or about the TWENTY-FIRST day of August, 2021, at 11:49 PM
in Palm Beach County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.



Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before
me this 22 day of Aug., 2021
by Investigator
who is personally known to me or who has produced
known as identification.
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer
Title _____
Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC and the probable cause affidavit.



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 checked="" 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: 2021020878

Date: 8/22/21

Specialist Name/ID: A. Pinkney/7796