

0520618

2107-112  
ARREST / NOTICE TO APPEAR

2007

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>410 21-000208</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	<b>1</b>	JUVENILE	
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	If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>					
Location of Arrest (Including Name of Business) <b>900 W ATLANTIC AVE DELRAY BEACH, FL</b>				Location of Offense (Business Name, Address) <b>900 W ATLANTIC AVE, DELRAY BEACH, FL 33444</b>							
Date of Arrest <b>01/06/2021</b>	Time of Arrest <b>02:00</b>	Booking Date <b>01/06/2021</b>	Booking Time <b>02:10</b>	Jail Date <b>01/06/2021</b>	Jail Time <b>03:02</b>	Location of Vehicle <b>900 W ATLANTIC AVE</b>					
Name (Last, First, Middle) <b>SCHWARZ, KIMBERLY ANN</b>				Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>06/16/1995</b>	Height <b>5'05</b>	Weight <b>165</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>MEDIUM</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT UPPL ARM / WOLF</b>				Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Drug Influence		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) <b>43 PINE TREE AVE W, LAKE WORTH, FL 33467</b>				(City)	(State)	(Zip)	Phone <b>(561) 329-6709</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State		<b>2</b>	
Permanent Address (Street, Apt. Number) <b>43 PINE TREE AVE W, LAKE WORTH, FL 33467</b>				(City)	(State)	(Zip)	Phone <b>(561) 329-6709</b>	Address Source <b>FL DL</b>			
Business Address (Name, Street) <b>TIN ROOF, 8 E ATLANTIC AVE DELRAY BEACH, FL 33444</b>				(City)	(State)	(Zip)	Phone <b>(561) 265-5310</b>	Occupation <b>Service</b>			
D/L Number, State <b>S620501957160 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>LOXAHATCHEE, FL</b>		Citizenship <b>US</b>			
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: _____ <input type="checkbox"/> Legal Custodian				Name (Last, First, Middle)				Residence Phone			
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone				
Notified by (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC 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					
<input type="checkbox"/> Yes, by: _____				<input type="checkbox"/> No		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. 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 <b>DRIVING WHILE UNDER INFLUENCE</b>						Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Bond		<b>OR</b>		
<b>N</b>				<b>I</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Bond				
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
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						PROPERTY - Received By		Released By		Released To	
<input type="checkbox"/> Posed Bond <input type="checkbox"/> South County Mental Health						Date Transported		Time Transported	Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		No Photo Available			
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Court Date and Time <b>02/08/2021 08:30:00</b>					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I WILL FULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT FOR MY ARREST SHALL BE ISSUED.						Date Signed <b>JAN 06 2021</b>		Name (Print) <b>JOSEPH ABRUZZO, CLERK PALM BEACH COUNTY, FL</b>			
Signature of Defendant (or Juvenile and Parent/Custodian)				Signature of Arresting Officer		Name (Print) <b>WINDSOR, NICHOLAS</b>		I.D. # <b>1029</b>		PAGE <b>1 OF 1</b>	
HOLD for Other Agency				Name of Arresting Officer (Print) <b>WINDSOR, NICHOLAS</b>		I.D. # <b>1029</b>		Agency <b>DBPD</b>		Witness here if subject signed with an "X"	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Pouch #		I.D. # <b>1029</b>		Agency <b>DBPD</b>			

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.T.O.  DEFENDANT

JAN 6 AM 5:03

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF January 2021, AT 0135  AM  PM  
SUBJECT: Schwarz, Kimberly Ann CASE NUMBER: DBPD #21-000208  
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The following occurred in the City of Delray Beach, County of Palm Beach, FL.  
On 01/06/21 at 0135hrs I was traveling east in the 200 block of W. Atlantic Ave. There was another vehicle traveling east about 1/2 of a block in front of my marked Delray Beach Police patrol vehicle. I observed a black 2018 Ford F-150 (FL Tag #QELJ45) traveling north on SW 1st Ave. approaching W. Atlantic Ave. The Ford failed to stop for the posted stop sign and proceeded into the intersection directly toward the other vehicle in front of my patrol vehicle. The Ford stopped abruptly to avoid a collision and the other vehicle continued east. After the other vehicle continued pass the Ford, the Ford began to travel north in the intersection almost traveling into my path of travel. The Ford again stopped abruptly to avoid collision with my patrol vehicle. I cleared the intersection and made an U-Turn at Swinton Ave. The Ford turned left (west) onto W. Atlantic Ave. The Ford continued west at a high rate of speed estimated over 70mph. I caught up to the Ford and maintained a speed pace at 62mph in a posted 35mph speed zone in the 600-800 block of W. Atlantic Ave. I conducted a traffic stop by activating my emergency lights on my patrol vehicle and the Ford stopped in the 900 Block of W. Atlantic Ave. I met with the white female driver and identified her as Kimberly Ann Schwarz. Schwarz was sitting in the driver seat and was the only person inside the Ford. The Ford's engine was running and the vehicle key was in the ignition.

## OBSERVATION OF DRIVER:

I immediately smelled a strong odor of an unknown alcoholic beverage coming from Schwarz. Schwarz's eyes were red and had a glassy appearance. Schwarz's pupils had slow reaction to changes in light. Schwarz's speech was slurred. Schwarz lost her grip on her FL DL and dropped it while handing it to me. Schwarz was stumbled while walking and swayed in a circular motion while standing still.

## DRIVER'S STATEMENTS:

Schwarz stated she was on her way home in Greenacres, FL. when the traffic stop was conducted. Schwarz stated she just left work at Tin Roof (8 E. Atlantic Ave. Delray Beach, FL 33444). Schwarz stated she worked there in service. I questioned Schwarz about the stop sign violation, the two crashes she almost caused and her traveling at 62mph in a posted 35mph speed zone. Schwarz replied she did not know what happened and did not realize how fast she was going. Schwarz initially denied consuming any alcohol beverages prior to driving and stated the odor of alcohol was caused by several drinks being spilled on her at work. Schwarz denied having any medical conditions that would affect her ability to operate a motor vehicle. During roadsides, Schwarz stopped the walk and turn and stated she wanted to speak to me. Schwarz stated she wanted me to know she did consume alcoholic beverages and she stopped because she knew she would not do well. Schwarz stated she got off her shift at 2300hrs and consumed two alcoholic beverages and a shot. Schwarz stated she finished her last drink 30-45 minutes prior to driving. Schwarz stated she would resume the roadsides after I advised her of Taylor Warning.

## ODORS:

Schwarz had a strong odor of an unknown alcoholic beverage coming from her person.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Cooperative

CLOTHING: Black Shirt, Black Pants with Black Boots

MEDICAL/OTHER: None Stated

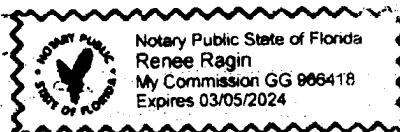
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of January 2021 by Ofc. Windsor #1029

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

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



SUBJECT: Schwarz, Kimberly Ann

CASE NUMBER DBPD #21-000208

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:

Schwarz swayed while standing still during the HGN/VGN roadside.

WALK & TURN:

Schwarz swayed while standing still. Schwarz lost her balance after being put in the instructional phase position. Schwarz used her arms for balance. Schwarz stopped this roadside briefly to admit she consumed alcoholic beverages prior to driving. Schwarz agreed to continue the roadside and did not touch heel to toe on several steps. Schwarz did not turn around as instructed and began walking backward on the line before almost falling over. Schwarz did not count her steps as instructed.

ONE LEG STAND:

Schwarz swayed while standing still. I asked Schwarz if she had any medical condition or injury that would affect her standing on one leg and she replied she could not do this roadside. Schwarz requested to do another roadside and this roadside was not performed.

FINGER TO NOSE:

Schwarz swayed while standing still. Schwarz missed the tip of her nose several times. Schwarz had to be instructed several times to bring her hand back down on her own after touching her nose.

ROMBERG ALPHABET:

Schwarz swayed while standing still. Schwarz performed this roadside as instructed.

BREATH TEST RESULTS: (1) .171 (2) .162 (3) (4)

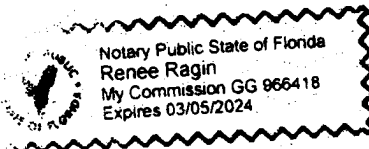
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 6th day of January 2021 by Ofc. Windsor #1029

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

Notary Public, Clerk of Court, Officer (F.S.S. 17.10)





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

PBSO CASE # 21-022657 PBSO ZONE 4-11

AGENCY CASE # 21-000208 CRASH CASE # N/A

TIME OF STOP/CRASH 0135 DATE 01/06/21 DAY WEDNESDAY

SUBJECT'S NAME SCHWARZ, KIMBERLY ANN RACE W SEX F

HGT 5'05" WGT 155 DOB \_\_\_\_\_

LOCATION 900 W ATLANTIC AVE, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0240

ARREST TIME 0200

BREATH RESULTS:

- 1) .171
- 2) .162
- 3) N/A
- 4) N/A

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

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006240 Software: 8100.27  
Date of Test: 01/06/2021

Date of Last Agency Inspection: 12/11/2020  
Observation Period Began: 02:40  
Subject's Name: KIMBERLY A SCHWARZ

DOB: 06/16/1995 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	03:06
	Air Blank	0.000	03:07
	Control Test	0.081	03:07
	Air Blank	0.000	03:08
	Subject Sample #1	0.171	03:08
	Air Blank	0.000	03:09
	Air Blank	0.000	03:11
	Subject Sample #2	0.162	03:11
	Air Blank	0.000	03:12
	Control Test	0.079	03:12
	Air Blank	0.000	03:13
	Diagnostics Check	OK	03:13

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: 01/06/21  
Signature

Sworn to (or affirmed) before me this 6<sup>th</sup> day of JANUARY, 2021  
[Signature] OFC. N. WINDSOR  
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 222.2615, F.S.

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: SCHWARZ, KIMBERLY A

CASE NUMBER: 21-022657

DATE: Jan 6, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:04

ENDING TIME: 03:15

BREATH TESTS RESULTS: 1) .171 TIME 03:08 A.M.  P.M.  2) .162 TIME 03:11 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 TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK PANNTS, BLACK/WHITE TANK-TOP, BLACK BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:40 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

SUBJECT: CHWARR, RIMEL, N CASE NUMBER: DIPD 11010208

## 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) ALAN W. CANNON

SUBJECT: William A. Pink, et al CASE NUMBER: 2970 1000208

### 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: WIC 11/15/08 #151

# WITNESS LIST

CASE NUMBER: DBPD #21-000208

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W. ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC VIOLATION AND DUI PC

NAME: OFC. STRINGER #1198 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: VEHICLE TOW

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

CAN TESTIFY TO: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

CAN TESTIFY TO: \_\_\_\_\_

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**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: 2021000363	Date: 01/06/2021
	Specialist Name/ID: C. Anastasi/#21908