

## ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBT Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0   21-005145</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE		
D E F E N D A N T	Charge Type: Check to many 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other		Location of Arrest (Including Name of Business) <b>325 E ATLANTIC AVE DELRAY BEACH, FL 3348</b>		Location of Offense (Business Name, Address) <b>325 E ATLANTIC AVE, DELRAY BEACH, FL 33483</b>		If Weapon Seized State Type <b>None/not Applicable</b>		Multiple Charges Indicator <b>2</b>					
	Date of Arrest <b>04/24/2021</b>		Time of Arrest <b>22:12</b>		Booking Date <b>04/24/2021</b>		Booking Time <b>22:22</b>		Jail Date <b>04/25/2021</b>		Jail Time <b>01:04</b>			
	Name (Last, First, Middle) <b>TERMINI, LAURA MARIE</b>		Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>		Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>01/02/1985</b>		Height <b>5'03</b>		Weight <b>160</b>	
	Eyes <b>BROW</b>		Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>		Build <b>MEDIUM</b>		Marital Status <b>U</b>		Religion <b>NOT INDICA</b>		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
C O D E D	Local Address (Street, Apt. Number) <b>22293 SW 66TH AVE 2102, BOCA RATON, FL 33428</b>		(City) <b>BOCA RATON, FL</b>		(State) <b>FL</b>		(Zip) <b>33428</b>		Phone <b>(716) 553-5280</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
	Permanent Address (Street, Apt. Number) <b>22293 SW 66TH AVE 2102, BOCA RATON, FL 33428</b>		(City) <b>BOCA RATON, FL</b>		(State) <b>FL</b>		(Zip) <b>33428</b>		Phone <b>(716) 553-5280</b>		Address Source <b>VERBAL</b>			
	Business Address (Name, Street) <b>22293 SW 66TH AVE 2102, BOCA RATON, FL 33428</b>		(City) <b>BOCA RATON, FL</b>		(State) <b>FL</b>		(Zip) <b>33428</b>		Phone <b>(716) 553-5280</b>		Occupation <b>VERBAL</b>			
	D/L Number, State <b>438797915 / NY</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>Buffalo, NY</b>		Citizenship <b>US</b>					
J U V E N I L E	Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>		<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) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>		<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 <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle) <b>[REDACTED]</b>		Legal Custodian <input type="checkbox"/> Name (Last, First, Middle) <b>[REDACTED]</b>		Address (Street, Apt. Number) <b>[REDACTED]</b>		(City) <b>[REDACTED]</b>		(State) <b>[REDACTED]</b>		(Zip) <b>[REDACTED]</b>			
	Notified by: (Name) <b>[REDACTED]</b>		Date <b>[REDACTED]</b>		Time <b>[REDACTED]</b>		JUVENILE DISPOSITION 1. Released/Processed within Department and Released 2. TOT IAC 3. Incarcerated							
C H A R G E	Released To: (Name) <b>[REDACTED]</b>		Relationship <b>[REDACTED]</b>		Date <b>[REDACTED]</b>		Time <b>[REDACTED]</b>							
	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 <b>[REDACTED]</b>		Grade <b>[REDACTED]</b>		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property <b>[REDACTED]</b>		Value of Property <b>[REDACTED]</b>			
	Drug Activity N. WA P. Possess		S. Sell B. Buy T. Traffic		R. Seizure D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other			
	Drug Type N. WA A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other					
C H A R G E	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>		Statute Violation Number <b>316.193(3)(C)(I)</b>		Violation of ORD # <b>[REDACTED]</b>		Drug Activity <b>N</b>		Drug Type <b>[REDACTED]</b>		Amount / Unit <b>[REDACTED]</b>			
	Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number <b>[REDACTED]</b>		Bond <b>[REDACTED]</b>							
	Charge Description <b>VEH OPER/REVOKED/SUSP LICENSE 1ST OFFENSE</b>		Statute Violation Number <b>322.34(2A)</b>		Violation of ORD # <b>[REDACTED]</b>		Drug Activity <b>N</b>		Drug Type <b>[REDACTED]</b>		Amount / Unit <b>[REDACTED]</b>			
	Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number <b>[REDACTED]</b>		Bond <b>[REDACTED]</b>							
I N T A K E	Charge Description <b>[REDACTED]</b>		Statute Violation Number <b>[REDACTED]</b>		Violation of ORD # <b>[REDACTED]</b>		Drug Activity <b>[REDACTED]</b>		Drug Type <b>[REDACTED]</b>		Amount / Unit <b>[REDACTED]</b>			
	Counts <b>[REDACTED]</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number <b>[REDACTED]</b>		Bond <b>[REDACTED]</b>							
	Health / Apparent Physical Condition of Defendant <b>[REDACTED]</b>		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 Explain: <b>[REDACTED]</b>		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"/> Pooled Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By <b>[REDACTED]</b>		Released By <b>[REDACTED]</b>		Released To <b>[REDACTED]</b>			
	Transported By <b>[REDACTED]</b>		Date Transported <b>[REDACTED]</b>		Time Transported <b>[REDACTED]</b>		Other <b>[REDACTED]</b>							
N O T I C E S	<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>05/20/2021 08:30:00</b>		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian) <b>[REDACTED]</b>		Date Signed <b>APR 25 2021</b>									
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		Signature of Arresting Officer <b>[REDACTED]</b>		Name of Arresting Officer (Print) <b>WINDSOR, NICHOLAS</b>		LD. # <b>1029</b>		(PRINT) <b>[REDACTED]</b>		Witness here if subject signed with guard <b>[REDACTED]</b>			
	Transporting Officer <b>WINDSOR</b>		LD. # <b>1029</b>		Agency <b>DBPD</b>		Page # <b>1 of 1</b>							

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24TH DAY OF APRIL 20 21, AT 2113 PM

SUBJECT: TERMINI, LAURA MARIE

CASE NUMBER: 21-005145

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 04/24/21 at 2113hrs a motor vehicle crash was reported at 325 E. Atlantic Ave. involving two vehicles in the valet queue. I responded to the crash scene to conduct a DUI investigation. I met with a valet employee (Andrew Vilela) stated a black 2003 Toyota Avalon (NY Tag #HTG8913) was returned to a customer (Laura Marie Termini). While Termini was exiting the parking space in the Toyota, the Toyota's right front end made contact with the left rear end of a black 2019 Chevrolet Corvette (FL Tag #NXPQ49). The Chevrolet was properly parked and unattended when the crash occurred. After the crash occurred, Termini attempted to drive away and Vilela informed Termini she made contact with the Chevrolet. Termini began to argue with Vilela and Vilela recorded their interaction on his cell phone. Vilela sent me copies of the video recordings which showed the damage between both vehicles. It also shows Termini operating the Toyota with the engine running. I met with Termini and verified her identity with her NY DL. I informed Termini I was on scene to conduct a DUI investigation and she acknowledged she understood. Termini stated she was driving the Toyota when a valet employee stopped her stating she had an accident. Termini stated there was nobody else inside the Toyota when she attempted to exit the parking space.

## OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Termini. Termini's speech was slurred while she was speaking. Termini's eyes were red and had a glassy appearance. Termini's pupils did not change in size when exposed to changes in light. Termini was unsteady on her feet while walking. The damage on both vehicles was fresh with no dirt or dust on the damaged area. The location of the damage is consistent with the Toyota making contact with the Chevrolet while exiting the parking space. During an inventory search of the Toyota prior to a tow, Ofc. A. Kopplin #1086 DBPD located a glass pipe and a prescribed medical marijuana container. The container was prescribed to Termini. The glass pipe and container was entered into evidence for safekeeping.

## DRIVER'S STATEMENTS:

Termini stated she left his place of employment (Tipey Hair Salon, 12 NE 4th Ave, Delray Beach, FL 33483) around 1800hrs and she drove to 325 E. Atlantic Ave. where she valeted the Toyota. Termini stated she went to a business downtown and consumed 2 to 3 alcoholic cocktails. Termini stated the cocktails were single servings and she started drinking around 1900hrs. Termini stated she finished her last drink at 2045hrs and left the business. Termini stated the damage on the Toyota's right front end was from another crash and the Chevrolet was not on scene when she exited the parking space. Termini denied consuming any illegal drugs or marijuana. Termini denied having any medical conditions that would affect her ability to operate a motor vehicle. Termini stated she takes prescription medications for anxiety. After being placed under arrest, Termini screamed and stated she did nothing wrong and she was embarrassed in front of people. Termini started to have mood swings from being upset and crying to screaming about racism stating "If she was black, the police would let them go to avoid being on national television". Termini stated she understood why people hate the police now and stated I made a false arrest. Termini was upset she was not given a breath test on scene and that she was not drunk.

## ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Termini.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Initially Polite and Later Became Argumentative and Screaming

CLOTHING: Black Dress and Wedge Shoes

MEDICAL/OTHER: Anxiety

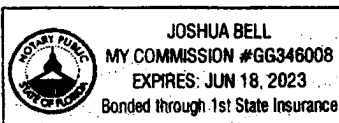
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of April, 20 21, 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. 117.10)



APR 25 2021

SUBJECT: TERMINI, LAURA MARIE

CASE NUMBER DBPD #21-005145

**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:**

Termini's pupils did not react to changes in lights. Termini swayed while standing still.

**WALK & TURN:**

Termini swayed while standing still. Termini did not remain in the instructional phase position as instructed. Termini did not touch heel to toe while walking. Termini took 10 steps on each series of steps. Termini used her arms for balance. Termini did not turn around as instructed.

**ONE LEG STAND:**

Termini swayed while standing still. Termini used her arms for balance. Termini repeated one number twice and missed counting one number completely.

**FINGER TO NOSE:**

Termini swayed while standing still. Termini used two fingers on each attempt instead of one finger as instructed. Termini missed the tip of her nose on several attempts. Termini opened her eyes without being instructed to do so.

**ROMBERG ALPHABET:**

Termini swayed while standing still. Termini did not keep her head tilted back for this roadside. Termini did not recite the alphabet in a nonrhythmic manner as instructed, instead sang the alphabet song including the ending "now I know my ABCs".

**BREATH TEST RESULTS:** 1) .136 2) .137 3) 4)

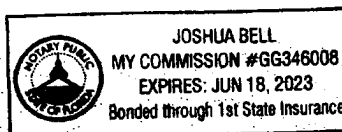
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of April, 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. 117.10)



SCANNED  
APR 25 2021



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

PBSO CASE # 21-058888 PBSO ZONE 4-11  
AGENCY CASE # 21-005145 CRASH CASE # 21-005145  
TIME OF STOP/CRASH 2113 DATE 04/24/21 DAY SATURDAY  
SUBJECT'S NAME TERMINI, LAURA M. RACE W SEX F  
HGT 5'03" WGT 165 DOB 01/02/85  
LOCATION 325 E 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 2244  
ARREST TIME 2212  
BREATH RESULTS:  
1) .136  
2) .137  
3) N/A  
4) N/A  
TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

SCANNED  
APR 25 2021

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: 80-006027 Software: 8100.27  
Date of Test: 04/24/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 22:44

Subject's Name: LAURA M TERMINI

DOB: 01/02/1985 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	23:11
Air Blank	0.000	23:12
Control Test	0.079	23:12
Air Blank	0.000	23:13
Subject Sample #1	0.136	23:14
Air Blank	0.000	23:15
Air Blank	0.000	23:16
Subject Sample #2	0.137	23:17
Air Blank	0.000	23:18
Control Test	0.079	23:18
Air Blank	0.000	23:19
Diagnostics Check	OK	23:19

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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 JOSHUA J BELL, 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: 04/24/21

Sworn to (or affirmed) before me this 24 day of April, 2021

Signature of Notary Public-State of Florida

OFC. N. Windsor #1029  
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.

SCANNED  
APR 25 2021

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: TERMINI, LAURA MARIE

CASE NUMBER: 21-058888

DATE: Apr 24, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2308

ENDING TIME: 2322

BREATH TESTS RESULTS: 1) .136 TIME 2314 A.M. ☐ P.M. ☒ 2) .137 TIME 2317 A.M. ☐ P.M. ☐

3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, ARGUMENTATIVE, MOODSWINGS

CLOTHING: BLACK DRESS, BLACK WEDGES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2244 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

AFTER REPEATED INSTRUCTIONS BREATH TEST WAS COMPLETED

TECH READ BREATH TEST RESULTS AND EXPLAINED  
SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS  
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

Q AND A NOT CONDUCTED SUBJECT REQUESTED HER LAWYER

SCANNED  
APR 25 2021

SUBJECT: Terrell, Lavica M

CASE NUMBER: 21-005145

## 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) Read on camera

SCANNED  
APR 25 2021

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SUBJECT: Tamini, Laura M CASE NUMBER: 21-005145

## 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: CFC. N. Windsor #1029

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



## WITNESS LIST

CASE NUMBER: DBPD #21-005145

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: DUI PC

NAME: OFC. A. KOPPLIN #1086 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: BACKUP OFFICER AND PROPERTY FOUND IN VEHICLE

NAME: ANDREW VILLELA (AMERISTAR PARKING VALET SERVICE)

ADDRESS: 307 E ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-563-6229

(WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS

NAME: CSO STROUDE DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: CRASH INVESTIGATION

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: \_\_\_\_\_



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

REVIEW COMPLETED BY

Booking Number: 2021009975	Date: 4/25/21
	Specialist Name/ID: A. Pinkney/7796