22016077

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 4 22-001546

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

If Weapon Seized, Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): N ALT A1A/ RIVERSIDE DR

Location of Offense (Business Name, Address): 1299 N ALT A1A/E RIVERSIDE DR, JUPITER, FL 33469

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/15/2022	02:22					

DEFENDANT

Name (Last, First, Middle): ZULUAGA, LEIDY C

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/17/1988	4'11	110	BROWN	BROWN	LIGHT	~~Thin~~ Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: S | Religion: OTHER | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 150 PINEVIEW RD, JUPITER, FL 33469 — Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 150 PINEVIEW RD, JUPITER, FL 33469 — Phone:

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): — Phone: (561) 818-7525

Occupation: Engineer

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
Z420523886370 / FL	[redacted]		COLOMBIA, FF,	US

CODEF

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ 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 ☐ defendant and/or ☐ 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.

☐ Yes, by: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #
DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health — PROPERTY - Received By — Released By — Released To

Transported By — Date Transported — Time Transported — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court

☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 05/18/2022 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

SCANNED APR 16 2022

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

☐ No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): NOBLE, RILEY — I.D. #: 1226

Intake Deputy — I.D. # — Pouch #

Transporting Officer: Noble, Riley — I.D. #: 345 — Agency: JPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

05307/3

U 345

5 pgs.

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

ADMIN

OBTS Number

Agency ORI Number: **FL 0501700**

Agency Name: **JUPITER POLICE DEPARTMENT**

Agency Report Number: **5 | 4 | 22-001546**

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ZULUAGA, LEIDY C		**W**	**F**	**04/17/1988**

CHARGES

Charge Description	Charge Description
316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the **15** day of **April**, **2022** at **04:28** (Specifically include facts constituting cause for arrest.)

On Friday April 15th, 2022 at approximately 0156 hours, I was dispatched to the area of Donald Ross Rd and S Alt A1A in reference to a carless driver. An anonymous caller advised that a black Audi sedan was swerving all over the roadway and traveling northbound on S Alt A1A at a high-rate of speed. The caller lost visual as the vehicle began to exceed the posted speed limit and pull away from them.

While sitting at the intersection of Indiantown Rd and Alt A1a, I observed a black Audi traveling northbound at a high-rate of speed. I was able to get behind the vehicle as it was stopped at a red light for the intersection of Center St. and Alt A1A. As the light turned green, the black Audi accelerated quickly reaching speeds of approximately 70MPH as I was behind pacing with my certified patrol vehicle #1602. The Audi then came to a hard stop in an attempt to stop for the red light at the Intersection of N Alt A1A/Riverside Dr, however, stopped past the stop bar and partially in the intersection.

I then activated my overhead emergency lights and conducted a traffic stop based on the vehicles speed and careless driving pattern. I made contact with a W/F driver later identified by her FL DL as Leidy Zuluaga (W/F 04/17/1988). I instructed Zuluaga to pull into a nearby parking lot so we were not in the middle of the intersection. I explained my reason for my traffic stop to Zuluaga and asked if she was suffering from any type of medical episode or taking any type of medications that might make her have any medical reactions, to which she replied "no". She advised she was heading home from a bar called "Renegades" in West Palm Beach.

As I continued to speak with Zuluaga, I could immediately detect the smell of an unknown alcoholic beverage emanating from her breath that amplified as she spoke. She also had bloodshot glassy eyes, slightly slurred speech, and admitted to drinking and just coming from a bar. Based on the aforementioned events, I advised Zuluaga that I believed she was under the influence and asked if she would submit to Field Sobriety Exercises, to

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 92.50)

04-10-22
DATE

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

345
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

NOBLE, RILEY (1226)
NAME OF OFFICER (PLEASE PRINT)

04/15/2022
DATE

COURT **STATE ATTORNEY** **CENTRAL RECORDS** **JAIL** **CRIME ANALYSIS** **P. I. O.**

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number: FL 0501700

Agency Name: JUPITER POLICE DEPARTMENT

Agency Report Number: 5 | 4 | 22-001546

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

Special Notes:

DEF

Name (Last, First, Middle): ZULUAGA, LEIDY C

Alias

Race	Sex	Date of Birth
W	F	04/17/1988

PROBABLE CAUSE STATEMENT

which she consented.

The following are a summation of the SFSTs.

HORIZONTAL GAZE NYSTAGMUS
-No resting nystagmus in either eye
-Both eyes tracked together equally
-Lack of smooth pursuit in both eyes
-Distinct and sustained nystagmus at maximum deviation in both eyes
-Onset of nystagmus prior to 45 degrees in both eyes
-No vertical nystagmus in either eye
6 of 6 clues

WALK&TURN
-Failed to maintain balance
-Used arms for balance
-Missed heel to toe
-Improper turn
-Stepped off the line
5 of 8 clues

ONE-LEG STAND
-Used arms for balance
-Swaying
2 of 4 clues

FINGER TO NOSE
1L -Pad to side nose
2R -Pad right-side nose
3L -Pad to left-side nose
4R -Pad right-side nose
5R- Pad right-side nose started with left and corrected
6L -Pad left-side nose

ROMBERG ALPHABET
-Incorrectly Reciting
-Does not keep eyes closed
-swaying
-singing

Based on my investigation, observations, and totality of circumstances, I have probable cause to believe that Leidy Zuluaga was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER F.S. 117.10

04/15/22
DATE

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

345

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

NOBLE, RILEY (1226)
NAME OF OFFICER (PLEASE PRINT)

04/15/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
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Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ZULUAGA, LEIDY C		W	F	04/17/1988

PROBABLE CAUSE STATEMENT

point where her normal faculties were impaired, contrary to F.S 316.193. I placed her into handcuffs which were double-locked and checked for proper spacing per department policy at 0222 hours. I then transported Zuluaga to the Palm Beach County Breath Alcohol Testing center, arriving at 0300 hours. I placed Zuluaga under a 20 minute observation period, during which she neither consumed nor regurgitated anything.

We then went on video with BAT technician O`Neal #6212. I requested that Zuluaga provide a breath sample. She agreed and provided two breath samples of .148 and .154. Post Miranda, she stated that she had been drinking at Renegades (Bar) with friends and stated she had 3 Blue Moon beers. I then placed Zuluaga in holding while all necessary paperwork was completed. I then booked her into the Palm Beach County Jail. She was given a criminal court date of 05/18/2022, 0830 hours.

The above incident was captured on BWC. This narrative is a summary of the events and not purported to be verbatim.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

04/15/22
DATE

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

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

NOBLE, RILEY (1226)
NAME OF OFFICER (PLEASE PRINT)

04/15/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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

PBSO CASE # 22-057154 PBSO ZONE 3-14

AGENCY CASE # 22001546 CRASH CASE #

TIME OF STOP/CRASH 0156 DATE 04/15/2022 DAY FRIDAY

SUBJECT'S NAME ZULUAGA (LAST) LEIDY (FIRST) C (MID) RACE W SEX F

HGT 4'11 WGT 109 DOB 04/17/1988

LOCATION N ALT A1A/RIVERSIDE DRIVE

ARRESTING OFFICER'S NAME & ID OFC. NOBLE #349 AGENCY JUPITER PD

DIVISION: Riely

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0300

ARREST TIME 0222

BREATH RESULTS:

1) .148
2) .154
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

SUBJECT: **ZULUAGA, LEIDY C** CASE NUMBER: **22001546**

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 o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am **Officer OFC. NOBLE** of the **Jupiter Police Department**

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: **Read on Camea** **ZULUAGA, LEIDY C**

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: **Read on Camera** **ZULUAGA, LEIDY C**

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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

PBSO #0129C REV. 9/93

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: 04/15/2022

Date of Last Agency Inspection: 04/08/2022
Observation Period Began: 03:00
Subject's Name: LEIDY C ZULUAGA DOB: 04/17/1988 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	03:25
Air Blank	0.000	03:26
Control Test	0.080	03:26
Air Blank	0.000	03:26
Subject Sample #1	0.148	03:27
Air Blank	0.000	03:28
Air Blank	0.000	03:30
Subject Sample #2	0.154	03:30
Air Blank	0.000	03:31
Control Test	0.080	03:31
Air Blank	0.000	03:32
Diagnostics Check	OK	03:32

Cylinder Lot: 29821080A4
Exp: 12/05/2023

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (__) is personally known to me or (✓) produced ID as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, 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: S. O'Neal Date: 04-15-22
Signature

Sworn to (or affirmed) before me this 15 day of April, 2022

Signature of Notary Public-State of Florida

Ofc. Noble #349
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: JPD OFC. NOBLE #349

SUBJECT: ZULUAGA, LEIDY C.

CASE NUMBER: 22-057154

DATE: 04-15-22

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:22 HRS

ENDING TIME: 03:39 HRS

BREATH TESTS RESULTS: 1) .148 TIME 03:27 A.M. ☒ P.M. ☐ 2) .154 TIME 03:30 A.M. ☒ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT- BLACK PANTS- BLACK JEANS/DISTRESSED NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O NOBLE #349
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE RESULTS TO THE D.
C/W READ ON CAMERA.
Q&A CONDUCTED.

WITNESS LIST

CASE NUMBER: 22001546

ARRESTING OFFICER: OFC. NOBLE
ADDRESS: 210 Military Trl. Jupiter, FL 33458
PHONE NUMBERS (HOME): ______ (WORK) (561) 746-6201
CAN TESTIFY TO: PC

NAME: OFC. DaSilva
ADDRESS: 196 Military Trail, Jupiter, FL, 33458
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: Back-up officer

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022009860	**Date:** 4/16/2022
	Specialist Name/ID: Pinkneya/7796