

21CT18731 SB

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number 0527146	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-013308		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	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 UNARMED		Multiple Clearance Indicator 1										
D E F E N D A N T	Location of Arrest (Including Name of Business) W ATLANTIC AVE/I-95 DELRAY BEACH, FL					Location of Offense (Business Name, Address) 1399 W ATLANTIC AVE/I-95, DELRAY BEACH, FL 33444								
	Date of Arrest 11/07/2021	Time of Arrest 01:01	Booking Date 11/07/2021	Booking Time 01:11	Jail Date 11/07/2021	Jail Time 03:37	Location of Vehicle 1399 W ATLANTIC AVE/I-95							
C O D E F	Name (Last, First, Middle) GROSJEAN, LOLA MANON													
	Alias:													
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 10/11/1998	Height 5'01	Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion FAIR	Build M					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion NON-DENOMI	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>						
	Local Address (Street, Apt. Number) 5737 REGENCY CIRCLE EAST, BOCA RATON, FL 33496					Phone (561) 317-5630	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2							
	Permanent Address (Street, Apt. Number) 5737 REGENCY CIRCLE EAST, BOCA RATON, FL 33496					Phone (561) 317-5630	Address Source FL DL							
	Business Address (Name, Street) DCF					Phone	Occupation							
	D/L Number, State G625533988710 /	Soc. Sec. Number	INS Number	Place of Birth (City, State) MARSEILLE, France		Citizenship US								
	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					
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone	
	<input type="checkbox"/> Legal Custodian 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 / AC 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.												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 DUI BREATH ALCOHOL .08 OR MORE PER 210L					Statute Violation Number 316.193(1)(C)					Violation of ORD #			
	Drug Activity N					Drug Type N	Amount / Unit /	Offense # 21-013308	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			
	C H A R G E	Charge Description					Statute Violation Number					Violation of ORD #		
Drug Activity N					Drug Type N	Amount / Unit /	Offense # 21-013308	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number				
Charge Description					Statute Violation Number					Violation of ORD #				
Drug Activity N					Drug Type N	Amount / Unit /	Offense # 21-013308	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number				
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 Explain:									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By			Released By		Released To				
Transported By					Date Transported	Time Transported	Other							
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 11/30/2021 08:30:00					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.														
A D M I N I S T R A T I O N		Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed							
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Injurious <input type="checkbox"/> Other Intake Dept. I.D. # _____ Pouch # _____					Signature of Arresting Officer WINDSOR, NICHOLAS ID # 1029 Transporting Officer WINDSOR ID # 1029 Agency DBPD					Name Verification (Printed by Arrestee) (PRINT) _____ Witness here if subject signed with _____			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ FBI ☐ DEFENDANT

 2021 NOV 7 AM 7:08
 SOUTH COUNTY, FL
 RECEIVED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7TH DAY OF NOVEMBER 20 21 AT 0126 AM PM
SUBJECT: GROSJEAN, LOLA MANON CASE NUMBER: 21-0113308
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)

This incident occurred during daylight savings time where 0200 rolled back to 0100

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 11/07/21 at 0126hrs I observed a silver 2014 Volkswagen Tiguan (FL Tag #PATF03) stopped in the inside westbound travel lane of W. Atlantic Ave. The Volkswagen was stopped at the interchange with I-95 Southbound Exit Ramp. Several other vehicles honked their horns in attempt to signal the Volkswagen the traffic signal was green. Once traffic drove around the Volkswagen, I placed my marked DBPD parked patrol vehicle behind the Volkswagen and approached the white female driver. The white female driver appeared to be asleep with her head in her hand. The white female driver had her right foot on the brake pedal with her left knee against the driver window. The white female driver was the only person inside the Volkswagen and the engine was running with the vehicle key in ignition. The Volkswagen was in the drive gear and the doors were locked. Once Ofc. Penagos DBPD #1190 arrived on scene, I positioned my patrol vehicle with my front end push bar facing the Volkswagen to prevent the vehicle from rolling away. I had to knock on the windows, door panels and the roof before the white female driver woke up. When she woke up, the Volkswagen traveled forward a few feet and officers had to scream stop to the white female driver to stop moving. I met with the white female driver and identified her by her FL DL as Lola Manon Grosjean.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Grosjean. Grosjean's eyes were red and had a glassy appearance. Grosjean's speech was slurred. Grosjean had slow dexterity and appeared to be confused on where she was. Grosjean was unaware on what the time was and what city she was in. Grosjean swayed in a circular motion while standing still. I observed an open White Claw can in the center console and I requested Grosjean hand me the open can. The can was empty and the bottom of the can was cold suggesting the beverage was consumed recently.

DRIVER'S STATEMENTS:

Grosjean stated she was on her way home when the police arrived. Grosjean stated she was in downtown Delray Beach, FL prior to driving. Grosjean stated she had been driving awhile and left downtown around midnight which was one hour and 26 minutes prior to my encounter. Grosjean stated she consumed two alcoholic seltzer beverages between 2100hrs and 0000hrs. Grosjean stated her friends have told her she is narcoleptic and should seek medical treatment from a doctor. Grosjean stated she has not seen a doctor for treatment of narcolepsy but does take Prozac for anxiety. Grosjean stated she last took Prozac in the morning of 11/06/21.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Cooperative

CLOTHING: Green Jacket, Blue Jeans and White Shoes.

MEDICAL/OTHER: Anxiety

STATE OF FLORIDA
COUNTY OF PALM BEACH

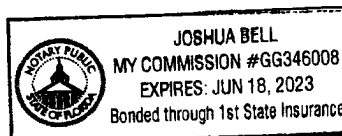
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of November 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

KNOWN

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



SUBJECT: GROSJEAN, LOLA MANON

CASE NUMBER 21-013308

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:

Grosjean swayed in a circular motion while standing still.

WALK & TURN:

Grosjean swayed in a circular motion while standing still. Grosjean did not remain in the instructional phase position. Grosjean used her arms for balance. Grosjean did not touch heel to toe on several steps. Grosjean took too many steps on each series of steps. Grosjean did not turn around as instructed. Grosjean stopped the roadside task at the turn around portion. Grosjean did not count as instructed and started with the number 5.

ONE LEG STAND:

Grosjean swayed in a circular motion while standing still. Grosjean raised her leg up instead of out in front of her. Grosjean used her arms for balance. Grosjean did not count out loud as instructed. Grosjean put her foot down on the ground two times.

FINGER TO NOSE:

Grosjean swayed in a circular motion while standing still. Grosjean missed the tip of her nose with her finger several times.

ROMBERG ALPHABET:

Grosjean swayed in a circular motion while standing still. Grosjean recited several letter wrong. Grosjean counted fast instead of in a slow nonrhythmic manner as instructed.

Grosjean performed a modified romberg roadside. Grosjean stated 30 seconds had elapsed when the actual time passed was 47 seconds.

BREATH TEST RESULTS: (1) .185 (2) .179 (3) (4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

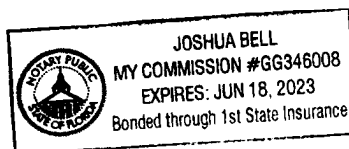
(Signature of Arresting/Investigative Officer)

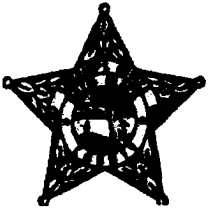
The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of November, 2021 by OFC Windsor #1029

(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)





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

PBSO CASE # 21-125394 PBSO ZONE 4-11
AGENCY CASE # 21-013308 CRASH CASE # N/A
TIME OF STOP/CRASH 0126 DATE 11/07/21 DAY SUNDAY
SUBJECT'S NAME GROSJEAN, LOLA MANON RACE W SEX F
HGT 5'01" WGT 120 DOB 10/11/98
LOCATION W ATLANTIC AVE/I-95 DELRAY BEACH, FL
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD
DIVISION: CRD
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0135
ARREST TIME 0101
BREATH RESULTS:
1) .185
2) .179
3) N/A
4) N/A
TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

SUBJECT: Gustafson, Linda Marie CASE NUMBER: 21-13308

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 NICHOLAS WINDSOR of the DALY W. BACH VOLUME DIST

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) Read on Camera

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

SUBJECT: CONFIDENTIAL CASE NUMBER: 100

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?
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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: C. C. N. W. 1020, # 10-1

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 11/07/2021

Date of Last Agency Inspection: 10/08/2021
Observation Period Began: 01:35
Subject's Name: LOLA M GROSJEAN

DOB: 10/11/1998 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	02:05
	Air Blank	0.000	02:06
	Control Test	0.080	02:06
	Air Blank	0.000	02:06
	Subject Sample #1	0.185	02:09
	Air Blank	0.000	02:10
	Air Blank	0.000	02:12
	Subject Sample #2	0.179	02:13
	Air Blank	0.000	02:13
	Control Test	0.078	02:14
	Air Blank	0.000	02:14
	Diagnostics Check	OK	02:14

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: J Bell

Signature

Date: 11/07/21

Sworn to (or affirmed) before me this 07 day of November 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.

WITNESS LIST

CASE NUMBER: DBPD #21-013308

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

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

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: OFC. PENAGOS #1190 DBPD

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

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: BACKUP OFFICER AND VEHICLE TOW

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 _____

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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: DBPD

SUBJECT: GROSJEAN, LOLA MANON

CASE NUMBER: 21-125394

DATE: Nov 7, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0201

ENDING TIME: 0216

BREATH TESTS RESULTS: 1) .185 TIME 0209 A.M. ☒ P.M. ☐ 2) .179 TIME 0213 A.M. ☒ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE

CLOTHING: BROWN JACKET, BLUE JEANS, WHITE SHOES

MEDICAL CONDITIONS: ALLERGIES

MEDICATIONS: PROZAC

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0135 HOURS

SUBJECT ASKED IF THE BREATH TEST WAS MANDATORY

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C

SUBJECT STATED SHE WOULD TAKE BREATH TEST

AFTER REPEATED INSTRUCTIONS BREATH TEST WAS COMPLETED

TECH READ BREATH TEST RESULTS

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A



**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)
I/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: 2021027938

Date: 11/7/2021

Specialist Name/ID: T Howard/7185