

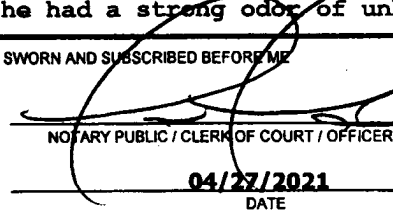

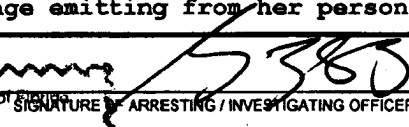
2021 CT 006936 AX NB

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-001465		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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type UNARMED		Multiple Charge Indicators					
D E F E N D A N T	Location of Arrest (Including Name of Business) 412 S US HIGHWAY 1, JUPITER, FL						Location of Offense (Business Name, Address) 412 S US HIGHWAY 1, JUPITER, FL 33477					
	Date of Arrest 04/27/2021	Time of Arrest 21:44	Booking Date 04/27/2021	Booking Time 21:54	Jail Date	Jail Time	Location of Vehicle					
C O D E F	Name (Last, First, Middle) BIEDERWOLF, LORIE KAY											
	Alias:											
	Race W - White A - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 07/16/1961	Height 5'09	Weight 180	Eye Color BLUE	Hair Color GRAY	Complexion LIGHT	Build Medium			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status M	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 310 JUPITER WOODS DR, JUPITER, FL 33458						Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 310 JUPITER WOODS DR, JUPITER, FL 33458						Phone		Address Source VERBAL			
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation			
	DL Number, State B364531617560 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) WELLSVILLE, NY,		Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: SCANNED Name (Last, First, Middle) (City) (State) (Zip)											
	<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Business Phone											
	Notified by: (Name) APR 28 2021 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.											
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:											
	School Attended Grade											
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property											
	Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use											
	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											
C H A R G E	Charge Description DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE						Statute Violation Number 316.193(4)		Violation of ORD #			
	Drug Activity N	Drug Type N	Amount / Unit /	Offense # 21-001465	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description						Statute Violation Number		Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description						Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
I N T A K E	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 <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			
N O T I C E T O A P P E A R	<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) North County PALM BEACH GARD		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.						Court Date and Time 06/02/2021 08:30:00					
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		I.D. # 1216		(PRINT)					
	Intake Deputy Dumay		Pouch #		Transporting Officer S. MCGILLICUDDY		I.D. # 388		Agency JUPITE		Witness here if subject signed with an "X"	

J# 0522967 00:40

PA 8:23

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-001465				
	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		Special Notes:		
D E F E N D A N T	Name (Last, First, Middle) BIEDERWOLF, LORIE KAY				Race W		Sex F		Date of Birth 07/16/1961
	Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race		Sex		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source		
P R O B A B L E	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>April</u>, <u>2021</u> at <u>21:25</u> (Specifically include facts constituting cause for arrest.)</p>								
C A U S E	<p>On 4/27/2021 at approximately 2125 hrs, Northcom received a phone call in reference to a blue Range Rover (VEHICLE-1) bearing FL tag 66EAC, that had just hit the median in 4100 block of S US Highway 1. The caller was concerned about the vehicle's driving pattern. While en route to the call, I was advised by dispatch that VEHICLE-1 had entered the plaza located at 412 S US Highway 1 and had parked in front of "A Sweet Salon". I arrived on scene at approximately 2129 hrs and observed VEHICLE-1 nose-in to a parking spot on the south side of the parking lot. I parked my patrol vehicle to the north and kept eyes on the vehicle in case it were to leave again. I soon after observed VEHICLE-1 back out of the parking space and come astride with the northern curb, at which time a male subject exited the passenger seat and began to walk southbound away from the vehicle. VEHICLE-1 then followed him through the parking lot and appeared to be following him in a disconcertingly close manner. VEHICLE-1 then made a northbound turn through the parking lot, at which time I observed that the vehicle had an inoperable tag light, with the characters of the plate not visible at 50 feet, as required by statute. The driver of VEHICLE-1 then turned off all of the lights on the vehicle, which was now operating northbound, slowly through the parking lot. I conducted a traffic stop on the vehicle at 2131 hrs by activating my red/blue police lights. VEHICLE-1 immediately pulled nose-in to a parking space on the west side of the parking lot and struck the parking curb at an angle. I exited my vehicle and made contact with the driver and sole occupant, Lorie Biederwolf (DEFENDANT). Sgt. Alexandre was already on scene and was my first unit to provide backup. I made contact with Biederwolf and explained to her the reason for the stop. Almost immediately, her husband, John Biederwolf (IO-1) walked into the area of the traffic stop and became confrontational. He had to be given multiple warnings that he would be arrested for interfering with an investigation if he continued his behavior. I returned my attention to Biederwolf, who was still seated in the driver's seat. While speaking to her I observed that she had heavily slurred speech. She had glassy, bloodshot eyes. She had a strong odor of unknown alcoholic beverage emitting from her person, which</p>								
	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.08)</p> <p><u>04/27/2021</u></p> <p>DATE</p> </div> <div style="width: 40%; text-align: center;"> <p></p> <p>Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022</p> </div> <div style="width: 40%;"> <p></p> <p>ARRESTING / INVESTIGATING OFFICER</p> <p>MC GILL CUDDY, STEVEN (1216)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>04/27/2021</u></p> <p>DATE</p> </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>COURT</p> </div> <div style="width: 40%;"> <p>STATE ATTORNEY</p> </div> <div style="width: 20%;"> <p>PAGE 1 OF 3</p> </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-001465				
	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			Special Notes:			
DEFENSE	Name (Last, First, Middle) BIEDERWOLF, LORIE KAY				Race W		Sex F		Date of Birth 07/16/1961
	<p>probable cause to believe that Lorie Biederwolf was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that her normal faculties were impaired, contrary to F.S.S. 316.193. I placed her under arrest at 2144 hrs. I asked her to submit to a breath test and she agreed. I transported her to the Palm Beach County Breath Alcohol Testing (BAT) center. We arrived at the Palm Beach County Jail at 2216 hrs. Due to a lengthy wait for the nurse to process Biederwolf for intake, we arrived inside of the bat at 2316 hrs. I then placed her under a 20 minute observation period, during which I did not observe her consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #2463) and I requested again that Biederwolf submit to a breath test. She provided breath test samples of .190 BrAC and .189 BrAC. I then read her her Miranda rights from a prepared card. She was willing to answer questions. I asked her if she felt OK to drive and she advised that she did not. I placed her into a holding cell while I finished her paperwork. I then booked her into the county jail. She was issued a citation for driving without lights on and a written warning for the tag light violation. She was issued a court date of 6/2/2021 at 0830 hrs. BWC.</p>								
NOT A CERTIFIED COPY									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME:								
	Notary Public / Clerk of Court / Officer (F.S.S. 117.40) Paris Pound				Notary Public State of Florida MCGILLICUDDY, STEVEN (1216) My Commission GG 200028 Expires 03/25/2022				
	DATE 04/27/2021				NAME OF OFFICER (PLEASE PRINT) 04/27/2021 DATE				
PAGE 3 OF 3									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.



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

PBSO CASE # 21-059850 PBSO ZONE 3-15

AGENCY CASE # 21-001465 CRASH CASE # _____

TIME OF STOP/CRASH 2131 DATE 04/27/2021 DAY TUESDAY

SUBJECT'S NAME BIEDERWOLF LORIE KAY RACE W SEX F
LAST FIRST MI

HGT 5'9 WGT 180 DOB 7/16/1961

LOCATION 412 S US HIGHWAY 1, JUPITER, FL

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: POLICE - TRF

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2316

ARREST TIME 2144

BREATH RESULTS:

1)	190
2)	189
3)	N/A
4)	N/A

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

SUBJECT: BRODEWOLF, LORIE A CASE NUMBER: 1751

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) Rena on Carmel

SUBJECT: BIEBERWOLF, LORIE K CASE NUMBER: 10051

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: _____

**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: 04/27/2021

Date of Last Agency Inspection: 04/09/2021
Observation Period Began: 23:16
Subject's Name: LORIE K BIEDERWOLF

DOB: 07/16/1961 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	23:42
	Air Blank	0.000	23:43
	Control Test	0.081	23:43
	Air Blank	0.000	23:43
	Subject Sample #1	0.190	23:44
	Air Blank	0.000	23:45
	Air Blank	0.000	23:46
	Subject Sample #2	0.189	23:47
	Air Blank	0.000	23:48
	Control Test	0.081	23:48
	Air Blank	0.000	23:48
	Diagnostics Check	OK	23:49

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 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: 04/27/21
Signature

Sworn to (or affirmed) before me this 27 day of APRIL, 2021

Signature of Notary Public-State of Florida OFC. S. MCGILLICUDDY
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.

**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: 04/27/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 23:16

Subject's Name: LORIE K BIEDERWOLF

DOB: 07/16/1961 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	23:42
	Air Blank	0.000	23:43
	Control Test	0.081	23:43
	Air Blank	0.000	23:43
	Subject Sample #1	0.190	23:44
	Air Blank	0.000	23:45
	Air Blank	0.000	23:46
	Subject Sample #2	0.189	23:47
	Air Blank	0.000	23:48
	Control Test	0.081	23:48
	Air Blank	0.000	23:48
	Diagnostics Check	OK	23:49

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 PARIS D POUND, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 04/27/21

Sworn to (or affirmed) before me this 27 day of APRIL, 2021

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: BIEDERWOLF, LORIE K

DATE: Apr 27, 2021

BEGINNING TIME: 23:40

CASE NUMBER: 21-059850

VIDEO DVD NUMBER: N/A

ENDING TIME: 23:52

BREATH TESTS RESULTS: 1) .190 TIME 23:44 A.M. ☐ P.M. ☒ 2) .189 TIME 23:47 A.M. ☐ P.M. ☒
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW

ATTITUDE: CALM, QUIET, CRYING

CLOTHING: WHITE / PINK / GREEN / DRESS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:16 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: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

WITNESS LIST

CASE NUMBER: 21-001465

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: SGT ALEXANDRE

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: SGT COUNIHAN

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: PFC ALBANO

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: MPO MARINUCCI

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC SHAFF

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

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: 2021010228	Date: 04/28/2021
	Specialist Name/ID: T Howard/7185