

0514591

2020 OCT 02 263 ASB

2446

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20034726	
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		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) STATE RD 7 / TIVOLI ISLES BLVD, DELRAY BEACH FL 33484		Location of Offense (Business Name, Address) STATE RD 7 / TIVOLI ISLES BLVD, DELRAY BEACH FL 33484					
Date of Arrest 02-06-20	Time of Arrest 0213	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle BOCA RATON TOWING	
Name (Last, First, Middle) MC ALLEN, LYNDA				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 03-24-53	Height 5'9	Weight 180	Eye Color BRO	Hair Color BLK	Complexion LIGHT
Build MEDIUM				Marital Status MARRIED		Religion CHRISTIAN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.		Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 12842 GRANITE MOUNTAIN PASS, BOYNTON BCH FL 33473		(City) (State) (Zip)		Phone (561) 847-1909		Residence Type: 1. City 3. Florida 2. County 4. Out of State <input checked="" type="checkbox"/> 1	
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source DEFENDANT	
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation RETIRED	
D/L Number, State M245521536041 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK, 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"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian			
<input type="checkbox"/> Other		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone			
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time		
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A S. Sell P. Possess B. Buy T. Traffic R. Smuggle D. Deliver E. Use		K. Dispense/ 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. Synthetics	
U. Unknown Z. Other		Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(g)	
Violation of ORD #		Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Warrant / Capias Number		Bond					
Location (Court, Room Number, Address)							
Court Date and Time Month 03 Day 2nd Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM							
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)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer D/S 35619		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) D/S LEHENY		I.D. # 35619		(PRINT)	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Transporting Officer D/S LEHENY #35619		ID # PBSO		Agency	
Intake Dept 8101		I.D. #		Pouch #		Witness here if subject signed with an "X" <input type="checkbox"/>	

NOTICE TO APPEAR
PALM BEACH COUNTY
CLUB BRASS
FEB-6
8:33 PM

SCANNED
FEB 06 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6TH DAY OF FEBRUARY 20 20, AT 0136 AM PM

SUBJECT: MC ALLEN, LYNDA CASE NUMBER: 20034726

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S LEHENY #35619

PERSONAL CONTACT

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

At approximately 0136 hours, PBSO dispatch advised that they received a call that a blue 2019 Lexus ES 350 (KZPC61) could not maintain a single lane and was swerving all over the road. The driver following the vehicle advised they were traveling northbound on State Rd 7 approaching Clint Moore Rd. D/S Borut later arrived and got behind the vehicle. The vehicle was traveling approximately 30 mph in a 55 mph zone. D/S Borut initiated a traffic stop but the vehicle did not stop continuing north on State Rd 7. After approximately 1/4 mile, the vehicle stopped on Tivoli Isles Blvd, Delray Beach FL. I arrived and approached the vehicle with D/S Borut and D/S Alston where we met the driver, later identified by her Florida License as Lynda Mc Allen (03-24-53).

OBSERVATION OF DRIVER:

Mc Allen appeared confused while speaking with D/S Borut who was asking for her vehicle documentation. Mc Allen only provided her license. She was asked again for her vehicle documentation but couldn't find it. I approached the front passenger door and noticed that Mc Allen had very slow movements while looking for the documentation inside the vehicle. She opened a black book which contained the insurance information but she did not grab it. I assisted her by pointing out that the insurance card was inside the black book. As I spoke with her, I noticed Mc Allen had a glassy, drooping eyes. When Mc Allen exited the vehicle to participate in roadside tasks, she was very unbalanced when she walked.

DRIVER'S STATEMENTS:

Mc Allen stated she was on her way from the casino in Coconut Creek. She stated she did not consume any alcoholic beverages. She advised that she took Xanax earlier at approximately 1100 hours on 02-05-19 while she was at her doctors. She advised that she hasn't taken anything since.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: Slurred, slow speech

ATTITUDE: Confused, cooperative

CLOTHING: Black Shirt and black pants

MEDICAL/OTHER: Xanax (medication), right knee replacement and left knee injury.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S LEHENY #35619

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6TH day of FEBRUARY 20 20 by D/S Leheny #35619

(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)

SUBJECT: MC ALLEN, LYNDA

CASE NUMBER 20034726

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Swayed while standing during task. Missed stimulus when I asked her to touch tip. Did not follow stimulus with eyes only, following with her head multiple times.

WALK & TURN

Did not complete due to injury. Mc Allen was very unbalanced when attempting to stand in the starting position. She advised she knew what the task was and started walking down the line prior to me giving any instructions. Mc Allen was very unbalanced and staggered when she walked. She stated her knees hurt when she walked and couldn't complete the task.

ONE LEG STAND:

Did not attempt due to injury

FINGER TO NOSE:

Started during the instruction stage and did not remain in the starting position. She missed the tip of her nose on several of my commands touching her cheek, her nostril, and the bridge of her nose. I had to instruct her to return her hand to her side on one of the commands. She brought her right hand finger to her nose when I instructed her to bring her left hand finger. She also swayed while standing during the task.

ROMBERG ALPHABET:

Swayed while standing during exercise. Started during instruction stage. Did not recite alphabet correctly, missing letters and reciting letters out of order. I asked her if she was finished, she repeated the alphabet and recited the alphabet incorrectly again. She also had slurred speech while reciting.

BREATH TEST RESULTS: .000 .000

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S LEHENY #35619

D/S [Signature] 35619

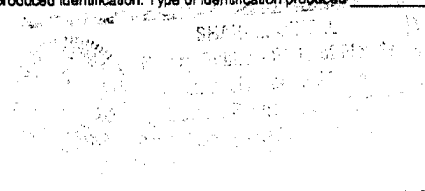
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6TH day of FEBRUARY 2020 by D/S Leheny #35619

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

[Signature]

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



PALM BEACH COUNTY SHERIFF'S OFFICE

3228 GUN CLUB ROAD

WEST PALM BEACH, FL 33406-3001

WRITTEN WARNING

NOTICE OF ILLEGAL OR FAULTY EQUIPMENT

Date/Time: THURSDAY 02/06/2020 01:56 AM

VIOLATOR

First Name: LYNDA Middle: ANN
Last: MC ALLEN DOB: 03/24/1953
Address: 12842 GRANITE MOUNTAIN PASS
City: BOYNTON BEACH State: FL Zip: 33473
Telephone: Race: O Sex: F Hgt: 509
DL #: M245521538041 DL State: FL Lic. Expires: 2027
Type: E Diff. Addr. on DL: N

REGISTRATION

Yr. Veh: 2019 Veh. Tag: KZPC81
Color: BLU Yr. Tag Expires: 20 State: FL
Make: LEXS Style: 4D

LOCATION

Upon a Public Street or Highway or Other Location Namely:
S. TATE RD 7 @ RIO GRANDE AVE

VIOLATION

Did unlawfully commit the following Offense
FAILED TO USE DUE CARE

NOTE: FOR EQUIPMENT VIOLATIONS PLEASE FOLLOW INSTRUCTIONS ON THE FOOTER

**THIS IS A WARNING ONLY
THIS IS NOT A CITATION AND NO FINE IS ASSESSED**

I HEREBY ACKNOWLEDGE RECEIPT OF THIS WARNING AND UNDERSTAND THAT THIS WARNING IS ISSUED IN LIEU OF A UNIFORM TRAFFIC CITATION.

SIGNATURE OF DRIVER X _____

D/S: BORUT I.D.#: 5645

CERTIFICATION OF CORRECTION

I CERTIFY THAT THE EQUIPMENT ON THE VEHICLE DESCRIBED HEREIN AS INDICATED HAS BEEN TESTED AND, OR CORRECTED, AND UPON THIS DATE COMPLIES WITH THE REQUIREMENTS OF THE TRAFFIC LAWS OF FLORIDA.

DATE _____ 20 _____ HOURS _____ A.M. P.M.

SIGNED _____
Party Making Correction

Address: _____

IMPORTANT. This Notification With Proper Certification Above is To Be Mailed Or Delivered To The Officer Indicated Within 48 Hours.

PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681

FAILURE TO COMPLY WITH THIS NOTICE COULD RESULT IN A NON-CRIMINAL INFRACTION BEING ISSUED.

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 20034726

ARRESTING OFFICER: D/S LEHENY #35619

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: INITIAL CONTACT AND ROADSIDE TASKS.

NAME: D/S BORUT #5645

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: INITIAL CONTACT

NAME: D/S ALSTON #35650

ADDRESS 3228 GUN CLUB RD, WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: BACK-UP DURING INITIAL CONTACT/ROADSIDE TASKS

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 02/06/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 02:58

Subject's Name: LYNDA ANN MC ALLEN

DOB: 03/24/1953 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	03:27
	Subject Sample #1	0.000	03:27
	Air Blank	0.000	03:28
	Air Blank	0.000	03:30
	Subject Sample #2	0.000	03:30
	Air Blank	0.000	03:30
	Control Test	0.081	03:31
	Air Blank	0.000	03:31
	Diagnostics Check	OK	03:31

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 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: 02-06-20
Signature

Sworn to (or affirmed) before me this 06 day of February, 2020

D/S 35619 D/S Leheny # 35619
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.



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

PBSO CASE # 20034726 PBSO ZONE 4-31

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0225 DATE 2-6-20 DAY 5

SUBJECT'S NAME MC ALLEN, LYNDA RACE W SEX F

HGT 5'9 WGT 180 DOB 03-24-53

LOCATION STATE RD 7 / TIVOLI ISLES BLVD

ARRESTING OFFICER'S NAME & ID D/S LEHENY #35619 AGENCY PBSO

DIVISION: PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0258

BREATH RESULTS:

ARREST TIME 0213

1. .000

2. .000

3. Urine Pending

4. _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

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) _____

SUBJECT: Callan, Lynda Ann CASE NUMBER: 20-047-6

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? YES

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? COONHUT CREEK / 441

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? 12-2 WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? 2-6-20 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? 11 am 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: _____



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: 2020004113	Date: 02/06/2020
	Specialist Name/ID: T Howard/7185



FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **ADBBUOE**

County: **PALM BEACH**

County Code: **08**

City:

City Code: **00**

Date/Time: **Thu 02/08/2020 04:46 AM**

Agency Type: **SO**

VIOLATOR

First Name: **LYNDA** Middle: **ANN**
Last: **MC ALLEN** DOB: **03/24/1953**
Address: **10421 WELLINGTON PARC DR**
City: **WELLINGTON** State: **FL** Zip: **33449**
Telephone: **561-847-1909** Race: **O** Sex: **F** Hgt: **509**
DL #: **M245521536041** DL State: **FL** Lic. Expires: **2027**
CDL: **N** Ethnicity: **NH** Class: **E** Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2019** Veh. Tag: **KZPC81**
Color: **BLU** Trailer Tag:
Make: **LEXS** Yr. Tag Expires: **20** State: **FL**
Style: **4D**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**
>= 16 Passengers: **N** Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Name/ly:
STATE RD 7 / TIVOLI ISLES BLVD

Located Ft. Miles Of Node

VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute
DUI PENDING URINE SAMPLE 316.193(1)(r)

Speed - Enhanced Penalty Zone: **N**

Unlawful Speed: Posted Speed:

Crash: **N** Prop. Dam.: **N** Prop. Dam. Amt.: Aggressive Driv: **I**

Injury: **N** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign: **I**

Companion Citation Number(s):

Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.:

COURT INFORMATION

Criminal Violation, Court Required
SOUTH COUNTY COURTHOUSE
200 W. ATLANTIC AVE., COURTROOM 1 Court Date: **03/02/20**
DELRAY BEACH, FL 33444 Court Time: **8:30 AM**
Civil Penalty:

Arrest Delivered To:
On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: *[Signature]*

Signature of Officer: *[Signature]*

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
Officer name: **D/S. J. LEHENY** Officer ID: **35619**

Agency Number: Troop/Unit: **PATROL** Misc: **STALKEI**
Agency Name: **PALM BEACH SHERIFF'S OFFICE**
Agency #: