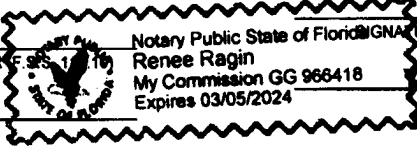


AD M I N I S T R A T I O N	OBT Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4   21-002595							
	Charge Type: Check as many <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	
E N D A N T	Location of Arrest (Including Name of Business) 2141 S ALT AIA JUPITER, FL 33477				Location of Offense (Business Name, Address) 2141 S ALT AIA, JUPITER, FL 33477							
	Date of Arrest 07/27/2021		Time of Arrest 23:21		Booking Date 07/27/2021		Booking Time 23:31		Jail Date		Jail Time	
	Name (Last, First, Middle) ARMSTRONG, MACKENZIE CAROL		Sex F		Date of Birth 09/17/2001		Height 5'02		Weight 130		Eye Color GREEN	
F E E D B A C K	Race W - White B - Black O - Oriental/Asian		Sex W F		Date of Birth 09/17/2001		Height 5'02		Weight 130		Eye Color GREEN	
	Local Address (Street, Apt. Number) 6401 SE SHERWOOD ST, HOBE SOUND, FL 33455		(City) HOBE SOUND		(State) FL		(Zip) 33455		Phone (772) 285-8362		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Permanent Address (Street, Apt. Number) 6401 SE SHERWOOD ST, HOBE SOUND, FL 33455		(City) HOBE SOUND		(State) FL		(Zip) 33455		Phone (772) 285-8362		Address Source FL DL	
J U V E N I L E	Business Address (Name, Street) 6401 SE SHERWOOD ST, HOBE SOUND, FL 33455		(City) HOBE SOUND		(State) FL		(Zip) 33455		Phone (772) 285-8362		Occupation FL DL	
	D/I Number, State A652543018370 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) STUART, FL		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	
C O D E F	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	
	Name (Last, First, Middle)		Residence Phone		Business Phone		Notified by: (Name)		Date		Time	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Relationship		Date	
C O D E F	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.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated			
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Seizure D. Deliver E. Use		K. Dispense Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
	Drug Type N. 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 - NORMAL FACULTIES IMPAIRED		Statute Violation Number 316.193(1)(A)		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit	
	Offense # 21-002595		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 #		Drug Activity		Drug Type		Amount / Unit	
C H A R G E	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			
	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit	
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		Explain:		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By	
	Transported By		Date Transported		Time Transported		Other		Released To			
	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 09/01/2021 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian) Mackenzie Armstrong		Date Signed JUL 28 AM 7:00	
A D M I N	HOLD for Other Agency		Signature of Arresting Officer Yochum, Craig		Name Verification (Printed by Arrestee) JUL 28 AM 3:34		Name of Arresting Officer (Print) Yochum, Craig		I.D. # 1185		Agency JPD	
	Intake Deputy Dumag 6		Pouch #		Witness here if subject signed with an "X".		Page 1 OF 1					

JUL 28 2021

OBTS 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 <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   21-002595</b>						
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:						
D E F E N D A N T	Name (Last, First, Middle) <b>ARMSTRONG, MACKENZIE CAROL</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/17/2001</b>
C H A R G E S	Charge Description <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>			Charge Description					
	Charge Description			Charge Description					
V I C T I M	Victim's Name (Last, First, Middle) <b>State Of Florida</b>						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source			
	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 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 _____</p> <p><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>July</u>, <u>2021</u> at <u>23:21</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 07/28/2021 at approximately 2301 hours, I was conducting speed enforcement in the area of the Three Palms Plaza (2141 S Alternate A1A) in the Town of Jupiter, Palm Beach County, FL. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1308), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.</p> <p>I was stationary (facing north) in the median break monitoring north and southbound traffic. I observed a vehicle, later identified as a blue 2011 Volkswagen sedan bearing FL tag # KENZ7, traveling northbound in the inside lane (approaching me from the rear) at a speed I believed to be in excess of the posted 50 MPH speed limit. I visually estimated the vehicle to be traveling approximately 65 MPH in a posted 50 MPH speed zone.</p> <p>I activated the rear antenna of my Applied Concepts Stalker DSR2X radar unit in stationary mode and received a digital speed readout of 67 MPH. My radar unit emitted a clear, constant audio Doppler tone consistent with a vehicle traveling the aforementioned speed. As the vehicle passed the passenger side of my patrol car, both the digital speed readout and audio Doppler tone ceased, indicating the target vehicle had traveled outside of my radar unit's operational range.</p> <p>I maintained visual contact with the vehicle and activated my overhead interior lights and siren to conduct a traffic stop. The vehicle pulled off into the outside northbound lane and stopped (facing north) straddling the fog line separating the northbound bicycle lane from the outside northbound lane of S.R. 811 (S Alternate A1A).</p> <p>I exited my patrol vehicle and the driver, later identified as Mackenzie Armstrong (w/f; 09/17/2001), asked if she should move up. I advised her not to move, as I was already approaching the vehicle on the driver side.</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">             NOTARY PUBLIC / CLERK OF COURT / OFFICER  <u>07/28/2021</u>              DATE           </div> <div style="width: 30%; text-align: center;">  </div> <div style="width: 30%; text-align: right;">             SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>MOCHUM, CRAIG (1185)</u>              NAME OF OFFICER (PLEASE PRINT)  <u>07/28/2021</u>              DATE           </div> </div>								

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number	Agency Name	Agency Report Number					
<b>FL 0501700</b>	<b>JUPITER POLICE DEPARTMENT</b>	<b>5   4   21-002595</b>					
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	
Name (Last, First, Middle)		Alias		Race		Sex	
<b>ARMSTRONG, MACKENZIE CAROL</b>				<b>W</b>		<b>F</b>	
						<b>09/17/2001</b>	
<p>I made contact with Armstrong and advised her of the reason for the stop. I could immediately smell the strong odor of marijuana coming from the passenger compartment of the vehicle. I also immediately noted Armstrong's eyes appeared watery and bloodshot.</p> <p>I requested Armstrong provide me with her driver license, registration, and proof of insurance for the vehicle. Armstrong provided all three documents successfully. I asked whether or not Armstrong had a medical marijuana card and she advised she did not. I then asked when the last time Armstrong had marijuana inside the vehicle and she advised yesterday. I advised Armstrong that the interior of her vehicle smelled heavily of marijuana and asked if there was any more marijuana inside the vehicle. Armstrong advised there was and stated it was in the glove compartment. Armstrong advised she did not have much and estimated there was approximately one gram left in the car.</p> <p>Due to the fact that Armstrong advised she was not a medical marijuana user, the odor of marijuana coming from inside the vehicle, and Armstrong's admission that there was marijuana inside the vehicle, coupled with the indicators of impairment I observed [bloodshot/glassy eyes, strong odor of marijuana coming from the vehicle, and relaxed inhibitions (speeding)], I requested she exit the vehicle. Armstrong complied and I observed nothing abnormal about her exit.</p> <p>I conducted a brief search of the interior of Armstrong's vehicle and located a clear plastic sandwich baggie with a small amount of a green, leafy substance consistent with marijuana inside the glove compartment. I also located a black plastic zipper baggie in the glove compartment which also contained a green, leafy substance consistent with marijuana. There were also a significant amount of used and new cigarillo wrappers strewn about the entire passenger compartment of the car.</p> <p>I approached Armstrong and advised her I was concerned she may be driving under the influence. I requested Armstrong perform Standardized Field Sobriety Tasks (SFSTs) and she agreed. Armstrong advised she did not have any problems with her eyes, did not have any injuries, and did not take any medications other than birth control.</p> <p>I first conducted the Horizontal Gaze Nystagmus task. I am a certified Drug Recognition Expert (IACP # 32395) and I conducted this task in accordance with my training. Armstrong's pupils appeared to be of equal approximate size, she did not display resting nystagmus, and was able to equally track a horizontally-moving stimulus. I did not observe Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, or the Onset of Nystagmus prior to 45 Degrees. Vertical Gaze Nystagmus was not present. Lack of Convergence was present: Armstrong's eyes would begin converging but both rolled out and away from the center of her face as the stimulus was brought closer to her nose. While conducting the HGN task, Armstrong swayed from front to back.</p>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER</p> <p><b>07/28/2021</b></p> <p>DATE</p> </div> <div style="width: 30%; text-align: center;"> <p>Notary Public State of Florida</p> <p>Renee Ragin</p> <p>My Commission GG 986418</p> <p>Expires 03/05/2024</p> </div> <div style="width: 30%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>YOCHUM, CRAIG (1185)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>07/28/2021</b></p> <p>DATE</p> </div> </div>							

OETS Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   21-002595</b>			
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:			
Name (Last, First, Middle) <b>ARMSTRONG, MACKENZIE CAROL</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/17/2001</b>	

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I next conducted the Walk and Turn task. During the Instructions Stage, Armstrong had difficulty keeping her balance but never took her foot off the line after being told to stay in the starting position. Armstrong advised she understood the instructions and asked what would happen if she lost her balance because her "balance sucks." I advised Armstrong that losing her balance was only one indicator of impairment and the standard is two indicators of impairment on this task so only losing her balance did not necessarily mean that she was under the influence. When told to begin, Armstrong counted 1 without moving her feet. On Armstrong's first actual step, she used her arms to balance. Armstrong took a total of 9 steps down the line before turning. Armstrong turned improperly (to her right) by pivoting on the balls of her feet. After turning, Armstrong paused and stepped off the line, to the left. After turning, Armstrong missed heel-to-toe on step 4. Armstrong took a total of 9 steps back down the line after turning. Armstrong had body tremors while walking.

I then conducted the One Leg Stand task. I provided Armstrong the instructions, she indicated her understanding, and did not have any questions. When told to begin, Armstrong raised her right leg off the ground and almost immediately placed it on the ground. Armstrong swayed from side to side and used her arms to balance until after her count of 3. Armstrong raised her foot back off the ground but placed it back down on her counts of 12 and 15. Armstrong counted improperly (e.g. 1, 2, 3...) and counted to 26 by the end of the timed 30 second period. Armstrong also had body tremors during the task.

Before starting the Finger to Nose task, Armstrong demonstrated knowledge of her left and right hands. When told to begin, Armstrong appropriately tilted her head back and closed her eyes. The cadence for this task was: Left, Right, Left, Right, Right, Left. On the first call of left, Armstrong quickly raised her left hand and touched the pad of her left index finger to her upper lip, under her right nostril and had to be reminded to return her arm to her side. On the first call of right, Armstrong touched the pad of her right index finger to the tip of her nose. On the second call of left, Armstrong touched the pad of her left index finger to the bridge of her nose. On the second call of right, Armstrong touched the pad of her right index finger to the tip of her nose. On the final call of right, Armstrong touched the pad of her right index finger to the tip of her nose. On the final call of left, Armstrong touched the pad of her left index finger to her nose. Throughout the course of this task, Armstrong moved her head in the direction of the hand called and had noticeable eyelid tremors.

I then conducted the Romberg Alphabet. Armstrong advised she had attended the Indian River State College, where she earned a degree. Armstrong advised she was comfortable with the alphabet from A to Z. When told to begin, Armstrong appropriately tilted her head back and closed her eyes. Armstrong had eyelid tremors and body tremors during the task. Armstrong appropriately recited the alphabet, as instructed.

Finally, I conducted the Modified Romberg Balance task. When told to begin, Armstrong

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (B.S.S. # 10) <b>07/28/2021</b> DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>YOCHUM, CRAIG (1185)</b> NAME OF OFFICER (PLEASE PRINT) <b>07/28/2021</b> DATE
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PAGE  
**3** OF 4





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

PBSO CASE # 21-090114 PBSO ZONE 3-14

AGENCY CASE # 21-002595 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2301 DATE 07/28/2021 DAY Tuesday

SUBJECT'S NAME Armstrong Mackenzie C RACE W SEX F  
LAST FIRST MID

HGT 502 WGT 130 DOB 09/17/2001

LOCATION 2141 S Alternate A1A Jupiter, FL 33458

ARRESTING OFFICER'S NAME & ID Craig Yochum #383 AGENCY Jupiter PD

DIVISION: Traffic Unit

NOTIFIED BY COMMO Yes  
ARRIVAL AT FACILITY 0005  
ARREST TIME 2321

BREATH RESULTS:

1)	.000
2)	.000
3)	Urine
4)	

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

SCANNED  
JUL 28 2021

SUBJECT: Harmon, J. McKenzie C. CASE NUMBER: 21-002595

## 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 Or Case Victim of the Turkey PD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_ Read to Victim

SCANNED  
JUL 28 2021

SUBJECT: Hamstrom, Mackenzie C. CASE NUMBER: 21-002575

## 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: \_\_\_\_\_

SCANNED  
JUL 28 2021



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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 07/28/2021

Date of Last Agency Inspection: 07/16/2021  
Observation Period Began: 00:05  
Subject's Name: MACKENZIE C ARMSTRONG

DOB: 09/17/2001 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	00:31
Air Blank	0.000	00:32
Control Test	0.079	00:32
Air Blank	0.000	00:33
Subject Sample #1	0.000	00:33
Air Blank	0.000	00:34
Air Blank	0.000	00:36
Subject Sample #2	0.000	00:36
Air Blank	0.000	00:36
Control Test	0.079	00:37
Air Blank	0.000	00:37
Diagnostics Check	OK	00:37

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, \_\_\_\_\_, 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: 07/28/21

Sworn to (or affirmed) before me this 28 day of July, 2021

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Ofc C. Yochum #383

SCANNED  
JUL 28 2021

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: Armstrong, Mackenzie C.

CASE NUMBER: 21-090114

DATE: Jul 28, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:28

ENDING TIME: 00:40

BREATH TESTS RESULTS: 1) .000 TIME 00:33 A.M. ☒ P.M. ☐ 2) .000 TIME 00:36 A.M. ☒ P.M. ☐  
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin # 16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick

ATTITUDE: Calm, cooperative

CLOTHING: Black pants, black LS shirt, black sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: Birth control pills

## OTHER:

Eyes red

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:05 hrs.

Subject ask if she has to.

A/O read I/C.

Subject stated she understood I/C and agreed to perform breath test.

Tech read breath test results.

Subject stated she understood test results.

A/O requested to provide urine at 00:38 hrs..

Subject stated do I have to.

A/O read I/C and subject agreed to provide urine at 00:39

A/O read rights.

Subject stated she understood rights.

Urine provide @ 00:44

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**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021018648

Date: 7/28/2021

Specialist Name/ID: M. Tooks #8557

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