


210713101

ADMI NISTRATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)							
0501700		Jupiter Police Department		5, 4 21-002707							
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		4	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
6052 MICHAEL ST		6052 MICHAEL ST, JUPITER, FL 33458									
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
08/06/2021		19:02		08/06/2021		20:09					
Name (Last, First, Middle)		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
PASTORE, MARGARET											
Race		Sex		Date of Birth		Height		Weight		Eye Color	
W - White B - Black O - Oriental/Asian		W F		02/25/1962		5'02		198		BROWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Complexion		Build		Hair Color	
		D		OTHER		LIGHT		Medium		BROWN	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type:	
6239 FRANCIS ST, JUPITER, FL 33458		JUPITER		FL		33458		(954) 394-1064		1. City 2. County 3. Out of State	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source	
6239 FRANCIS ST, JUPITER, FL 33458		JUPITER		FL		33458		(954) 394-1064		DL	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
										Accountant	
D/L Number, State		Sec. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
P236560625650 / FL						QUEENS, NY		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			
<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 IAC	
Released To: (Name)		Relationship		Date		Time		3. Incorporated			
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.		School Attended		Grade							
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?		Description of Property		Value of Property					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Drug Activity		S. Sell		R. Smuggle		K. Disperse/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
N. N/A		B. Buy		D. Deliver							
P. Possess		T. Traffic		E. Use							
Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown		Z. Other	
N. N/A		C. Cocaine		M. Marijuana		S. Synthetic					
A. Amphetamine		E. Heroin		O. Opium/Deriv.							
Charge Description		State Violation Number		Violation of ORD #							
DUI - NORMAL FACULTIES IMPAIRED		316.193(1)(A)									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
		N		/		21-002707		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		State Violation Number		Violation of ORD #							
DUI - REFUSAL TO SUBMIT WITH A PRIOR REFUSAL		316.1939(1)									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
		N		/		21-002707		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		State Violation Number		Violation of ORD #							
CITATION - REFUSE TO SIGN/ACCEPT CITATION		318.14(3)									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
		N		/		21-002707		2		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
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		PROPERTY - Received By		Released By	
		<input type="checkbox"/> Posted Bond		<input type="checkbox"/> South County Mental Health						Released To	
Transported By		Date Transported		Time Transported		Other					
										AUG 7 AM 12:50	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)		PALM BEACH GARD							
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court		North County									
but must comply with instructions on Page 2.		Court Date and Time		09/08/2021 13:30:00							
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)		Date Signed						No Photo Available	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
		B. Par... 326									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest		Name of Arresting Officer (Print)		ID #							
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		PARTELOW, BARRY Jr		1233							
Intake Deputy		Transporting Officer		ID #		Agency					
		BARRY PARTELOW		326		JUPITE					
										Witness here if subject signed with an "X"	

#0440479

pt13446

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE	
A D M I N	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002707					
	Charge Type: Check as many as apply <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	Name (Last, First, Middle) PASTORE, MARGARET					Race W		Sex F		Date of Birth 02/25/1962
	Alias									
C H A R G E S	Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED					Charge Description 316.1939(1) DUI - REFUSAL TO SUBMIT WITH A PRIOR R				
	Charge Description 318.14(3) CITATION - REFUSE TO SIGN/ACCEPT CITATIO					Charge Description 318.14(3) CITATION - REFUSE TO SIGN/ACCEPT CITATIO				
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		
B U S I N E S S	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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input checked="" type="checkbox"/> was observed by SGT. BUJNOWSKI who told OFC. PARTELOW that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 6 day of August, 2021 at 19:02 (Specifically include facts constituting cause for arrest.)</p>									
P R O B A B L E	<p>On August 6, 2021 at approximately 1830 hours I was dispatched to assist with a suspected impaired driver investigation at 6052 Michael St, Jupiter. On the way to the call I read the call notes about the vehicle in question stating the vehicle was seen leaving Duffy's West Bar and Restaurant where concerned citizens called the NORTHCOM dispatch center. The SUV was seen hitting something and that the operator had a very difficult time walking to the car.</p> <p>On arrival, I observed a dark in color SUV with damage to the rear passenger side bumper bearing the Florida license plate, JTW38. I spoke with Jupiter PD Sgt. MARC BUJNOWSKI, who had the vehicle stopped. Sgt. BUJNOWSKI provided a brief explanation of what he observed. Sgt. BUJNOWSKI observed the vehicle failing to maintain its lane and matched the description of the vehicle that was reported to our dispatch. Sgt. BUJNOWSKI observed the vehicle roll the stop sign at Soriano and Heights Blvd. Sgt. BUJNOWSKI activated his emergency lights to conduct a traffic stop and the vehicle was slow to stop. When the vehicle finally stopped, it did so in the middle of road without trying to pull to one side or another. See supplement from Sgt. BUJNOWSKI.</p> <p>On first contact with the operator of the vehicle, who was later identified buy her Florida Driver's License, MARGARET PASTORE (W/F 02/25/1962) I observed PASTORE sitting in the front driver's seat behind the wheel. PASTORE was talking on her cellphone and I told her to hang up the phone and I needed to speak with her. When I looked at her phone, the flashlight feature was on but there was no call being made or anyone on the other line, just the home screen was displayed. I had PASTORE step out of the vehicle and walk to the front of her car. PASTORE had trouble keeping her balance and had a blank stare in her eyes.</p> <p>While at the front of the vehicle, I detected a strong smell of an unknown alcoholic beverage emitting from PASTORE. I spoke with PASTORE and asked her if she was willing to participate in Standardized Field Sobriety Tasks (SFST's). PASTORE immediately told me that the tasks would not work on her and reported this multiple times. I used my agency issued SFST card to begin the tasks. PASRTORE again tried to</p>									
	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div> <p>_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>08/06/2021 DATE</p> </div> <div style="text-align: center;">  <p>Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022</p> </div> <div> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PARTELOW, BARRY JR (1233) NAME OF OFFICER (PLEASE PRINT)</p> <p>08/06/2021 DATE</p> </div> </div>									
A D M I N I S T R A T I V E									PAGE 1 of 3	

COURT

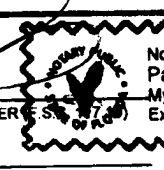
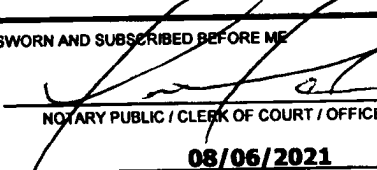

STATE ATTORNEY

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 Copies		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 21-002707				
	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	Name (Last, First, Middle) PASTORE, MARGARET				Race W		Sex F		Date of Birth 02/25/1962
	<p>make a call with her cellphone but was unable to choose the phone feature and still had the flashlight on.</p> <p>I asked PASTORE if she had any medical conditions and she explained to me that she was epileptic and again repeated that the tasks would not work on her. PASTORE speech at this time was slurred and at times unable to understand. When I asked PASTORE if she was under the care of a doctor or dentist, she became very confused and had difficulty answering the question. I had to ask her multiple times before she finally answered. I told PASTORE that I was going to check her eyes and that I needed her to stand with her heels and toes together, hands to her side and not to move. This was very difficult for PASTORE as she was not able to keep her balance. PASTORE was unable to stand still without moving her feet or use her arms to balance herself. I told PASTORE that I was going place a pen in front of her eyes and to use her eyes and her eyes only to follow the tip of my pen. PASTORE at this time said in a very slurred and incoherent way that she does not have peripheral vision. While checking for Horizontal Gaze Nystagmus PASTORE's eyes showed signs of Nystagmus on all passes. I had to explain to PASTORE every time I moved my pen that she was to only follow the pen with her eyes and not to move her head. PASTORE failed to follow any directions I gave her and continued to tell me that the tasks where not working.</p> <p>I placed a line of tape on the ground to begin the Walk and Turn task. I demonstrated to PASTORE how I wanted her to stand while I explained the tasks to her. As PASTORE tried to get into the position I demonstrated, she explained that she was not able to do it before even trying to complete the task. PASTORE said she wanted to do the task but did not put any effort into completing the task. At this time, Jupiter Police Officer CRAIG YOCHUM explained to PASTORE her Taylor Warnings. If PASTORE failed to complete the tasks asked, we would have to base our arrest decision on what we have seen so far and refusal to complete the SFST's can be used as evidence against her in court. PASTORE regrouped and tried to place her feet on the line but lost her balance and almost fell down. At this time PASTORE started to become argumentative about doing the tasks. PASTORE once again tried to get into the correct position but took two steps and again lost her balance and almost fell to the ground. At this time, I decided to conclude all SFST's as PASTORE was to intoxicated to make any decisions on her own wellbeing.</p> <p>At 1902 hours I placed PASTORE in handcuffs and advised her that she was under arrest for suspicion of driving under the influence. I walked PASTORE back to my patrol car and I noticed that PASTORE had spoiled her pants and she was unaware of it. I called for a female officer to search her before placing her in the patrol car. PASTORE had a receipt tucked in the front of her shirt from the bar and restaurant, Duffy's West. The receipt was from 1812 hours on 8/6/21, it had three "2for1 Titos" listed.</p> <p>Based on the totality of the circumstances, I placed PASTORE under arrest for DUI. I transported her to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period to ensure she did not ingest or regurgitate. I performed a drivers' history inquiry on PASTORE while at the BAT via DAVID and observed that PASTORE failed to provide a legal request of breath on 12/09/2012. At the</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME								
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 37.30) 08/06/2021 DATE				Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PARTELOW, BARRY JR (1233) NAME OF OFFICER (PLEASE PRINT) 08/06/2021 DATE				
PAGE 2 OF 3									

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ADMINISTRATIVE	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002707					
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DEF	Name (Last, First, Middle) PASTORE, MARGARET					Race W		Sex F		Date of Birth 02/25/1962
	<p>conclusion of the observation period, I requested PASTORE provide a lawful sample of her breath for the purpose of determining the alcohol content. PASTORE declined to provide a lawful sample of breath and I read implied consent (excluding the CDL portion) I asked if PASTORE understood to which she said no. Officer YOCHUM explained to PASTORE in layman's terms and she understood. I then again requested a breath sample from PASTORE and she refused again at 2016 hours. I asked PASTORE if she was willing to sign her criminal citations and explained to her that not doing so would results in addition charges. PASTORE looked at me and said she was did not know if she was going to sign the citations and wanted her phone call.</p> <p>End of report. BWC</p>									
<div style="position: relative;"> <div style="position: absolute; top: 0; right: 0; font-size: 4em; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</div> </div>										
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 10.10)					Notary Public State of Florida Paris Pound My Commission Expires 03/25/2022				
	08/06/2021 DATE					PARTELOW, BARRY JR (1233) NAME OF OFFICER (PLEASE PRINT)				
					08/06/2021 DATE					
<div style="border: 1px solid black; padding: 2px; display: inline-block;">PAGE 3 of 3</div>										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: PASTORE, MARGARET

CASE NUMBER: 21-093426

DATE: Aug 6, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2012

ENDING TIME: 2018

REFUSED

1) R TIME 2016 A.M. ☐ P.M. ☒ 2) N/A TIME XX A.M. ☐ P.M. ☐
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, REPETITIVE

CLOTHING: BLACK TANK TOP, BLUE JEANS, BLACK SHOES

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: BLOOD PRESSURE

OTHER:

EYES: BLOODSHOT

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 1946 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD I.C

SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 2016 HOURS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

REFUSED



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

PBSO CASE # 21-093426 PBSO ZONE 3-14
AGENCY CASE # 21-002707 CRASH CASE # N/A
TIME OF STOP/CRASH 1833 DATE 08/06/2021 DAY FRIDAY
SUBJECT'S NAME PASTORE, MARGARET RACE W SEX F
HGT 5'2 WGT 190 DOB 02/25/1962
LOCATION SORIANO / HEIGHTS JUPITER FLORIDA 33458
ARRESTING OFFICER'S NAME & ID B. PARTELOW 326 AGENCY JPD
DIVISION: _____ NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 1946
BREATH RESULTS: Arrest Time 1902
1. **REFUSED**
2. **REFUSED**
3. **REFUSED**
4. **REFUSED**
TESTING OFFICER'S ID BELL 8656

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Officer Barry Partelow, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the 6 day of August, 20 21, at 7:02 ☒ P.M. ☐ A.M.

DRIVER Margaret Pastore
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P236560625650, state of Florida, was placed under lawful arrest for

the offense of DUI-Normal Faculties Impaired by Officer Barry Partelow and
 (Name of Arresting Officer)

issued Citation # ADB9E4E

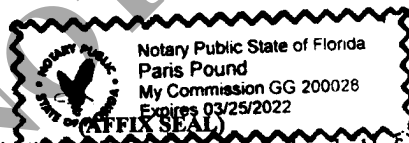
That on or about the 6 day of August, 20 21, at 8:16 ☒ P.M. ☐ A.M.

in Palm Beach County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Barry Partelow 306/1213
 Signature of Law Enforcement Officer or
 Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before

me this 06 day of August, 20 21,

by Officer Barry Partelow,

who is personally known to me or who has produced

Personal Known

as identification

Notary Public

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

8/6/2021

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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) _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

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

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

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

INTERVIEWER: _____

WITNESS LIST

CASE NUMBER: 21-002707

ARRESTING OFFICER: Barry Partelow

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Sgt. Marc Bujnowski

ADDRESS: 196 Military Trl, Jupiter, FL 33458

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

CAN TESTIFY TO: Supplement

NAME: Craig Yochum

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: Supplement

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021019525

Date: 8/7/2021

Specialist Name/ID: T Howard/7185