

2018115
ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 312 2020-007644
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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: None/not Applicable	Multiple Clearance Indicator
Location of Arrest (including Name of Business) 20000 ST ANDREWS BLVD		
Location of Offense (Business Name, Address) 20000 ST ANDREWS BLVD, BOCA RATON, FL 33433		
Date of Arrest 07/04/2020	Time of Arrest 21:02	Booking Date 07/04/2020
Booking Time 21:12	Jail Date 07/05/2020	Jail Time 00:18
Location of Vehicle EMERALD TOWING		

Name (Last, First, Middle) ANAND, MAYA MICHELLE		Alias:	
Race W - White B - Black W	Sex M - Male F - Female F	Date of Birth 09/23/1998	Height 5'07
Weight 140	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM
Build Medium	Marital Status S	Religion NONE	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R HIP / FLOWER; TATT LO LIP / ALIEN		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2
Local Address (Street, Apt. Number) (City) (State) (Zip) 16301 VIA VENETIA E, DELRAY BEACH, FL 33484		Phone (561) 789-8275	Address Source FL DL
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 16301 VIA VENETIA E, DELRAY BEACH, FL 33484		Phone (561) 789-8275	Occupation Digital Marketi
Business Address (Name, Street) (City) (State) (Zip) PEAK ACTIVITY,		Phone	
D/L Number, State A553553988430 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) COLUMBUS, OH,
			Citizenship US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Relationship	Date	Time

The above address was provided by defendant and/or 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? Yes No

Description of Property
VEHICLES

Value of Property
\$30,000

Drug Activity:
S. Sell
N. N/A
P. Possess
T. Traffic
R. Seize/Deliver
E. Use
K. Disperse/Distribute
M. Manufacture/Produce/Cultivate
Z. Other

Drug Type:
N. N/A
A. Amphetamine
B. Barbiturate
C. Cocaine
E. Heroin
H. Hallucinogen
M. Marijuana
O. Opium/Deriv.
F. Paraphernalia/Equipment
S. Synthetic
U. Unknown
Z. Other

Charge Description DUI - PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON	State Violation Number 316.193(3C1)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit
Offense #	Counts I	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	State Violation Number	Violation of ORD #

Health / Apparent Physical Condition of Defendant FAIR	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input checked="" type="checkbox"/> Injuries Explain: DIABETES/ ABRASIONS
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By J. CASAS 818
Released To TOT CJ	Released By J. CASAS 818
Transported By J. CASAS 818	Date Transported
	Time Transported
	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
	Court Date and Time 08/17/2020 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)	Date Signed 715 120

HOLD for Other Agency	Signature of Arresting Officer 818	Name Verification (Printed by Arrestee) MAYA ANAND
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) CASAS, J.	ID # 818
Intake # 071107017206	Transporting Officer J. CASAS	ID # Agency 818 BRPD
		Witness here if subject signed with an "X".

No Photo Available

J# 0517307

JUL 5 AM 2:13
P# 3003

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-007644	
Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
<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				W		F	
Name (Last, First, Middle) ANAND, MAYA MICHELLE				Date of Birth 09/23/1998			
Charge Description 316.193(3C1) DUI (INJURY TO PERSON OR PROPERTY)				Charge Description			
Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race U		Sex U	
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) -		Address Source	
Business Address (Name, Street)				Phone		Occupation	

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.

The Person taken into custody ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

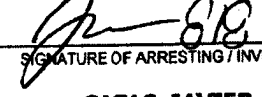
On the 4 day of July, 2020 at 21:02 (Specifically include facts constituting cause for arrest.)

On 7/4/2020, at approximately 2021 hours, I responded to 2000 St Andrews Blvd as a back-up unit for a motor vehicle crash. Upon arrival, Officer Leyva informed me that the driver of the white 2011 Mercedes-Benz SUV, bearing FL tag LFSJ77, was making a right turn from westbound Glades Rd to northbound St Andrews Blvd when she struck two vehicles in the southbound lanes.

I then made contact with the driver of the Mercedes-Benz, Maya Anand, who was still sitting in the driver's seat. I first asked Anand for a copy of her insurance card as she had given Officer Leyva two registrations and no insurance card during their initial conversation. Anand's movements appeared slow while looking for the insurance card which she never located. I also observed the odor of alcoholic beverage emanating from her breath when she spoke. I asked Anand if she would step out of the vehicle and walk over to the sidewalk so that we would not be in the middle of the roadway. Anand said "okay" and then told me "I don't think it's going to turn on" while making movements which suggested she was preparing to drive the vehicle. It should be noted the vehicle had extensive front end damage and was obviously in an unsafe condition to operate; the airbags were also deployed.

I asked Anand to explain to me what happened, and she too said that she was making a right turn from westbound Glades Rd to northbound St Andrews Blvd when she struck two vehicles in the southbound lanes. Anand claimed she was no distracted by anything, just simply not looking. She then claimed to have been changing the radio station.

Officer Leyva then informed me that she had no further questions for Anand regarding the crash. I informed Anand that Officer Leyva's crash investigation had concluded and that I would be conducting a criminal DUI investigation based on the nature of the crash and my observations suggesting that she may have been driving impaired at the time of the crash. I advised Anand of her constitutional warnings and she stated that she

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
NOTARY PUBLIC / CLERK OF COURT / OFFICER OF S.S. 147 SHARI L. O'NEAL Notary Public - State of Florida Commission # CG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.		 CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)	
DATE 07/05/2020		DATE 07/05/2020	

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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Name (Last, First, Middle) ANAND, MAYA MICHELLE				Date of Birth 09/23/1998			

understood.

I then asked Anand to submit to Standardized Field Sobriety Exercises. Anand agreed to participate. I asked Anand a series of questions prior to beginning the exercises. I asked Anand if she was sick or injured and she stated she did not. She did not complain of any physical injuries that would affect her ability to walk, stand, or balance. She claimed to suffer from type 1 Diabetes but informed me that she checked her levels "a couple hours ago" and they were normal. She also claimed to feel normal and did not believe she was suffering from a diabetic shock and refused to have her levels checked by BRED. I asked hers if she had seen a doctor or a dentist today and she said had not. She also stated that she had not recently bumped her head. Lastly, I asked Anand if she felt comfortable walking barefoot and she said she did. Anand informed me that she rarely wears shoes and told me she would perform the exercises barefoot. I then proceeded with the exercises.

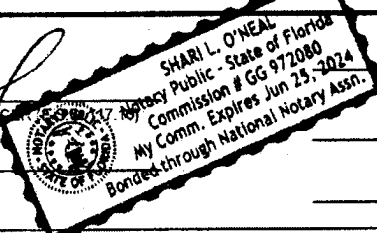
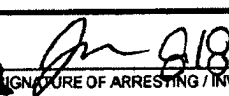
The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Anand stated that she understood. I observed that Anand was swaying in a circular motion while the exercise was being conducted.

Following the first exercise, Anand confessed to consuming "a couple of beers". I asked her how many was "a couple" and she said 3.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. I noticed that Anand had some difficulty aligning her feet heel-to-toe and later observed that she had fallen out of the starting position and did not see my demonstration of a proper turn. I demonstrated the turn for a second time to ensure she understood. Anand stated that she understood all of my instructions. While taking her steps, I observed that Anand missed heel-to-toe by several inches on every step. She also took 11 steps on the first set of steps, completed an improper turn, and used her arms for balance. Due to missing heel-to-toe on every step, asked Anand if she remembered how I asked her to take her steps and she said she did. I asked her to repeat to me how she was supposed to take her step and she stated toe-to-toe. I then asked Anand if she had taken the steps properly and she said she did.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. Anand stated she understood. Anand put her foot down approximately 7 seconds into the exercise and it did not appear that she was going to pick it back up. I re-administered the instructions and had her begin the exercise for a second time. Anand placed her foot on the ground several times throughout the 30 second exercise. She also swayed and used her arms for balance.

The fourth exercise was the Finger to Nose. I confirmed that Anand knew her left from

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
			
NOTARY PUBLIC / CLERK OF COURT / OFFICER 07/05/2020 DATE		CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 07/05/2020 DATE	

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Name (Last, First, Middle) ANAND, MAYA MICHELLE				Alias	Race W	Sex F
					Date of Birth 09/23/1998	

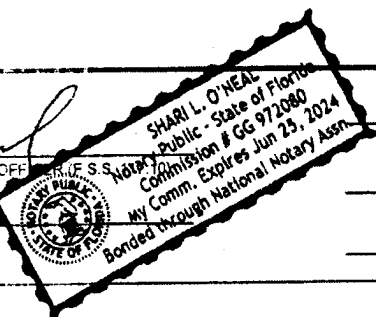
hers right by asking her to show me her left hand and then her right hand. I then administered the instructions. The pattern was L-R-L-R-R-L.

L - No clues observed.
 R - Use the pad of her finger (instead of the tip) to touch her nose.
 L - No clues observed.
 R - Use the pad of her finger (instead of the tip) to touch her nose.
 R - Began to lift her left hand but then used the correct hand to touch her nose. Use the pad of her finger (instead of the tip) to touch her nose.
 L - No clues observed.

The fifth exercise was the modified romberg balance test. I asked Anand if she felt comfortable estimating the passage of 30 seconds and she stated yes. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. Anand estimated the passage of 30 seconds in 50 seconds. She then informed me that she felt she counted too fast and was 5 seconds short of 30.

Based on the totality of the circumstances, I found probable cause to believe that, at the time of the crash, Anand was operating a motor vehicle while under the influence of drugs or alcohol. Anand was placed under arrest for DUI per F.S.S 316.193(3C1). She was transported to Boca Raton Regional Hospital for medical clearance. Anand was then transported to the Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator P. Pound (#24638) completed the BAT room procedures. Anand initially asked if she could refuse to provide a breath sample. I informed Anand of implied consent and she chose to submit to the breath test. Anand provided two breath samples of .109 and .105. she was advised of her constitutional warnings, advised she understood, and chose to only answer the first few questions. Her answers were documented on the DUI influence report.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<i>[Signature]</i>	<i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER OF F.S.S.	CASAS, JAVIER (818)
07/05/2020	NAME OF OFFICER (PLEASE PRINT)
DATE	07/05/2020
	DATE



SUBJECT: ANAND, MAYA M 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) READ ON CAMERA

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: ANAND, MAYA M 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? St Andrews / Glades

DIRECTION OF TRAVEL? N WHERE DID YOU START? Boca Raton -

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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: 80-006476 Software: 8100.27
Date of Test: 07/05/2020

Date of Last Agency Inspection: 06/26/2020
Observation Period Began: 00:18
Subject's Name: MAYA M ANAND

DOB: 09/23/1998 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check OK		00:43
	Air Blank	0.000	00:44
	Control Test	0.080	00:44
	Air Blank	0.000	00:45
	Subject Sample #1	0.109	00:45
	Air Blank	0.000	00:46
	Air Blank	0.000	00:47
	Subject Sample #2	0.105	00:48
	Air Blank	0.000	00:49
	Control Test	0.079	00:49
	Air Blank	0.000	00:50
	Diagnostics Check OK		00:50

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 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: 07/05/20
Signature

Sworn to (or affirmed) before me this 5th day of JULY, 2020

Paris D Pound Signature of Notary Public-State of Florida
IFL. J. CASAS 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 # 20-084589 PBSO ZONE 7-31

AGENCY CASE # 20-7644 CRASH CASE # 89209412

TIME OF STOP/CRASH ~~7:00~~ 2000 DATE 7-20 DAY Saturday

SUBJECT'S NAME Anand, Maya M RACE W SEX F

HGT 507 WGT 140 DOB 9-23-98

LOCATION 20000 St Andrews Blvd

ARRESTING OFFICER'S NAME & ID J. CASAS 818 AGENCY BRPD

DIVISION: Field services

NOTIFIED BY COMMO 2351

ARRIVAL AT FACILITY 0018

Arrest Time 2102

BREATH RESULTS:

1. .109
2. .105
3. N/A
4. N/A

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: ANAND, MAYA M

CASE NUMBER: 20-084589

DATE: Jul 5, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:39

ENDING TIME: 00:53

BREATH TESTS RESULTS: 1) .109 TIME 00:45 A.M. P.M. 2) .105 TIME 00:48 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: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK SHORTS, BLUE T-SHIRT, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:18 HRS.

SUBJECT: STATED CAN SHE LIKE "NOT" TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED SOME Q&A

SUBJECT: ANSWERED SOME QUESTIONS THEN REFUSED THE REST



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: 2020016213	Date: 7/5/2020
	Specialist Name/ID: B Evans / 23649