
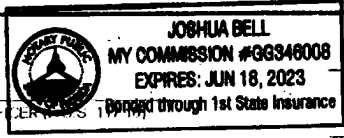



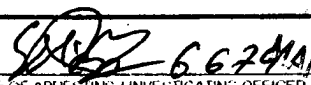


0459762 21CF2501MB  
2461

A D M I N I S T R A T I O N	ARREST / NOTICE TO APPEAR		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>		1	JUVENILE <input checked="" type="checkbox"/>
	Agency ORI Number <b>0500700</b>	Agency Name <b>Riviera Beach Police Department</b>	Agency Report Number (I.T.A.'s only) <b>814 21-02144</b>			
D E F E N D A N T	Charge Type Check as many as apply <input checked="" 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. Other		If Weapon Seized Enter Type <b>Not Applicable/none</b>		Multiple Clearance Indicators <b>3</b>	
	Location of Arrest (Including Name of Business) <b>700-BLK W 4TH ST RIVIERA BEACH, FL</b>			Location of Offense (Business Name, Address) <b>601 W 5TH ST, RIVIERA BEACH, FL 33404</b>		
Date of Arrest <b>03/23/2021</b>		Time of Arrest <b>19:24</b>	Booking Date <b>03/23/2021</b>	Booking Time <b>19:48</b>	Jail Date	Jail Time
Name (Last, First, Middle) <b>MEDCRAFT, MELISSA LEIGH</b>						
Alias (Name, DOB, Soc. Sec. #, Etc.) <b>Alias:</b>						
Race W - White A - American Indian H - Black O - Oriental/Asian		Sex <b>F</b>	Date of Birth <b>09/20/1983</b>	Height <b>5'04"</b>	Weight <b>160</b>	Eye Color <b>GREEN</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>	Religion <b>NONE</b>	Hair Color <b>BLONDE /</b>	Complexion <b>LIGHT</b>	Build <b>LACER</b>
Local Address (Street, Apt. Number) <b>43 KENMAR DR, NEWARK, DE 19713</b>		(City)	(State)	(Zip)	Phone <b>(954) 647-1304</b>	Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Permanent Address (Street, Apt. Number) <b>43 KENMAR DR, NEWARK, DE 19713</b>		(City)	(State)	(Zip)	Phone <b>(954) 647-1304</b>	Residence Type 1. City 2. County 3. Florida 4. Out of State <b>4</b>
Business Address (Name, Street) <b>UNKNOWN, UNKNOWN</b>		(City)	(State)	(Zip)	Phone	Address Source <b>DEFENDANT</b>
DVL Number, State <b>2085641 / DE</b>		Sex, Soc. Security	DLIS Number	Place of Birth (City, State) <b>FORT LAUDERDALE, FL US</b>	Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)				Residence Phone
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				Business Phone
Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To (Name)		Relationship	Date	Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended	Grade		Value of Property	
<input type="checkbox"/> Yes, by <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property		Value of Property	
Drug Activity H. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Struggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Product of Substance	O. Other
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana Q. Opium/Opiv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description <b>DRUGS - CONTROLLED SUBST W/O PRES. (INCL MARIJUANA, COCAINE)</b>		Stake Violation Number <b>893.13(6)(A)</b>	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
<b>N</b>	<b>N</b>	<b>/</b>	<b>21-02144</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE (MISDEMEANOR)</b>		Stake Violation Number <b>316.193(1) (A)</b>	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
<b>N</b>	<b>N</b>	<b>/</b>	<b>21-02144</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description <b>ACCIDENT - WITH PROPERTY DAMAGE, LEAVING THE SCENE (&gt;\$50)</b>		Stake Violation Number <b>316.061(1)</b>	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
<b>N</b>	<b>N</b>	<b>/</b>	<b>21-02144</b>	<b>1</b>	<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"/> Misconduct <input type="checkbox"/> Deformation <input type="checkbox"/> Injuries				
Check who is applies: <input type="checkbox"/> Released OR <input type="checkbox"/> Perished Bond		<input type="checkbox"/> Released to Parent/Custodian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
Transported By		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) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>04/28/2021 13:30:00</b>		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGES 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.		No Photo Available				
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed				
HOLD for Other Agency		Signature of Arresting Officer <b>RODRIGUEZ, E.</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT) <b>MAR 24 2021</b>		
Name of Arresting Officer (Print) <b>RODRIGUEZ, E.</b>		ID.# <b>6679</b>		PAGE <b>1 OF 1</b>		
Transporting Officer <b>E.RODRIGUEZ</b>		ID.# <b>6679</b>		Agency <b>RBDP</b>		
Witness: Use if subject signed with an "X"						

RECEIVED  
MARIJUANA  
CLUB  
AM 5:00 PM

COURTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE <input checked="" type="checkbox"/>
Agency ORI Number <b>FL FL0500700</b>	Agency Name <b>Riviera Beach Police Department</b>	Agency Report Number <b>8   4   21-02144</b>					
Charge Type Check as many as apply	<input checked="" 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>MEDCRAFT, MELISSA LEIGH</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/20/1983</b>	
Charge Description <b>893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRES. (INCL</b>		Charge Description <b>316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE (MI</b>					
Charge Description <b>316.061(1) ACCIDENT - WITH PROPERTY DAMAGE, LEAVI</b>		Charge Description					
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 under penalty of perjury, and that before 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 _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>23</u> day of <u>March</u> <u>2021</u> at <u>19:01</u> (Specifically include facts constituting cause for arrest.)</p> <p>On March 23rd, 2021, at approximately 1901 hours, I was dispatched to 594 West 5th Street Riviera Beach, FL, in reference to an Accident with Injuries (Case# 21-02142). I utilized my body-worn camera.</p> <p>Upon arrival, I observed a white pickup truck (white Nissan Frontier FL tag GXRN12) crashed against bushes and electric poles at 601 W 5th ST. Riviera Beach Fire Rescue personnel advised me that the driver, a white female, fled the scene south on Avenue G and west on W 4th St. I was also advised that some witnesses of the crash ran after the female. I made contact with the female, Melissa L. Medcraft (W/F 09/20/83), in 700 Block of W 4th St, along with the witnesses that chase after her.</p> <p>I observed that Melissa was acting very emotional, crying, with mood-swings, and kept telling me to take her to jail. Melissa also was stumbling as she was walking around and had a slurred speech. I also smelled the odor of an unknown alcoholic beverage coming from her breath. Melissa refused medical attention from Fire-Rescued that arrived at her location to check her. Melissa also told me she did not have any medical conditions.</p> <p>I asked Melissa how did the crash occur. Melissa told me that she was coming from a bar in West Blue Heron and was going to her friend's house at 844 S 30th Court in West Palm beach and kept saying that it was two blocks away from where she was. Melissa did not know that she was actually in the city of Riviera Beach.</p> <p>Based on my observations, I informed Melissa that the crash investigation was concluded and that I was changing the hat to conduct a DUI criminal investigation. I asked Melissa to performed roadside tasks, and she complied at first. Melissa kept telling me that she was going to fail and asked me to arrest her multiple times. I read Melissa the Taylor Warning while conducting the Horizontal Gaze Nystagmus on Melissa because she was not following instructions and told me to arrest her again. Melissa refused to continue</p>							
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER 03/24/21 DATE	 BONDED THROUGH 1st State Insurance	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  RODRIGUEZ, ELIAN (6679) NAME OF OFFICER (PLEASE PRINT)		MAR 24 2021 DATE			
				03/23/2021 DATE		PAGE 1 OF 2	

OBTS Number  Agency ORI Number <b>FL FLO500700</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1 Arrest 2 N.T.A 3 Request for Warrant 4 Request for Capias	<b>1</b>	JUVENILE <b>N</b>	
Agency Name <b>Riviera Beach Police Department</b>	Agency Report Number <b>8 4 21-02144</b>				
Charge Type Check as many as apply <input checked="" 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>MEDCRAFT, MELISSA LEIGH</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/20/1983</b>	
<p>with the tasks when I tried to explain the second task (Walk &amp; Turn). Melissa also spontaneously uttered that she had been drinking and knew she was "fucked up."</p> <p>Officer B. Johnson ID# 6846, made contact with a witness, Carl R. Straker (B/M 5-25-95), at the crash scene that saw Melissa crash and leaves the scene of the crash. Ofc. B. Johnson transported Mr. Straker to my Melissa location for a show-up and positively identified her. Ofc. B. Johnson also handled the crash (Case# 21-02142) and told me that there was an estimated amount of \$7,000.00 on property damage caused by Melissa's crash. Sergeant L. Schneider ID# 5016 also interviewed the other witnesses that chased after Melissa: Raymond Jackson (B/M 08-27-01), Airikh Jones (B/M 07-02-05) and Robert Ingram (B/M 05-12-04). They all observed the crash and confirmed that Melissa was the driver.</p> <p>I arrested Melissa and placed her in the rear of my marked patrol vehicle. While gathering Melissa's belongings, Sgt. Schneider and I conducted an inventory search of Melissa's pink purse. We observed two (2) orange round pills with 1 and 2 numbers (1/2) loose in the purse with no prescription container. Sgt. Schneider contacted Poison Control and spoke with intake Eddy and advised her that the pills were Clonazepam 0.5 mg and were a Schedule IV drug (Reference # M3669772). I later placed the pills into evidence.</p> <p>I transported Melissa to the Breath Alcohol Test (BAT) center at the Palm Beach County Jail. At the bat, Melissa refused to provide a sample of her breath and requested a lawyer. I also read Melissa her Miranda Rights.</p> <p>Based on the Totality of the Circumstances, I have Probable Cause to charge Melissa L. Medcraft with one (1) count of DUI, one (1) count of ----, and one (1) count of Leave the Scene of a Crash-Property Damage.</p> <p>I later turned Melissa over to the Palm Beach County Jail.</p>					
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER <b>03/24/21</b> DATE	 <b>JOSHUA BELL</b> MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>RODRIGUEZ, ELIAN (6679)</b> NAME OF OFFICER (PLEASE PRINT) <b>03/23/2021</b> DATE			SCANNED <b>6679 MAR 24 2021</b>
				PAGE <b>2 OF 2</b>	

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 23rd DAY OF March 20 21 AT 1901 hours  AM  PM

SUBJECT: Melissa L. Medcraft CASE NUMBER: 21-02144

AGENCY: Riviera Beach ARRESTING OFFICER: E.Rodriguez #6679

**PERSONAL CONTACT**

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

See Probable Cause

**OBSERVATION OF DRIVER:**

See Probable Cause

**DRIVER'S STATEMENTS:**

See Probable Cause

**ODORS:**

Odor of unknown alcoholic beverage coming from defendant's breath

**GENERAL OBSERVATIONS**

**SPEECH:** Slurred, mumbled

**ATTITUDE:** Emotional, moodswings, upset, cooperative, crying, talkative, undecided

**CLOTHING:** Pink shirt, blue jean shorts, no shoes

**MEDICAL/OTHER:** NONE

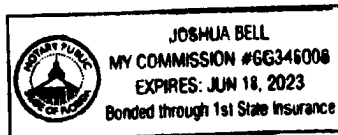
STATE OF FLORIDA  
COUNTY OF PALM BEACH

E.Rodriguez #6679  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of March 20 21 by E.Rodriguez #6679

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

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



CERTIFIED COPY

SUBJECT: Melissa L. Medcraft

CASE NUMBER 21-02144

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

I saw no resting nystagmus, equal pupil size, and equal tracking. The defendant swayed throughout the task and moved his head, in spite of repeated reminders not to. The defendant also stopped following the stimulus multiple times and had to be told to keep following the stimulus.

**WALK & TURN:**

When I asked Melissa to step on the line she stared walking on the line before letting explain the task. She refused to conduct the task and told me to arrest her.

**ONE LEG STAND:**

REFUSED

**FINGER TO NOSE:**

REFUSED

**ROMBERG ALPHABET:**

REFUSED

**BREATH TEST RESULTS:** (1) REFUSED (2) (3) (4)

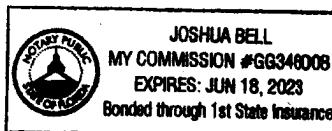
STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of March, 2021 by E. Rodriguez #6679

(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)



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

I, Elían Rodriguez ID#6679, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 23rd day of March, 20 21, at 1924 hr  P.M.  A.M.

DRIVER Melissa Leigh Medcraft  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 2085641, state of Delaware, was placed under lawful arrest for

the offense of DUI by E. Rodriguez #6679 and  
(Name of Arresting Officer)

issued Citation # AEIPVTE

That on or about the 23rd day of March, 20 21, at 2029 hr  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.

*E. Rodriguez 6679*

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:

Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before

me this 23 day of March, 20 21,

by Ofc. E. Rodriguez,

who is personally known to me or who has produced  
Known as identification

Notary Public Bell

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: Medcraft, Melissa L. CASE NUMBER: 2102144

## 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 Off E. Rodriguez #6679 of the Riviera Beach Police Department

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

SUBJECT: Medcraft, Melissa L. CASE NUMBER: 2602144

## 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? Asked

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? For

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? Attorney

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



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

PBSO CASE # 21047973 PBSO ZONE 3-13

AGENCY CASE # 21-02144 CRASH CASE # 21-02142

TIME OF STOP/CRASH 1852 DATE 03/23/2021 DAY Tuesday

SUBJECT'S NAME Melissa L. Medcraft RACE White SEX Female

HGT 5'4" WGT 160 lb DOB 09/20/1983

LOCATION 601 W 5th St Riviera Beach, FL 33404

ARRESTING OFFICER'S NAME & ID E.Rodriguez #6679 AGENCY Riviera Beach

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1955

ARREST TIME 1924

BREATH RESULTS:

- 1) **REFUSED**
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

DL# 2095641 Delaware

# TESTING FACILITY TASK REPORT

AGENCY: RIVIERA BEACH P.D.

SUBJECT: MEDCRAFT, MELISSA L

CASE NUMBER: 21047973

DATE: Mar 23, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2023

ENDING TIME: 2031

BREATH TESTS RESULTS: 1) Refused TIME 2029 A.M.  P.M.  2) TIME A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CRYING, UPSET

CLOTHING: JEAN SHORTS , PINK TANK TOP

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

DELAWARE LICENSE NOT CARRIED #2085641 DEFENDENT IN ACCIDENT

## COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1955 HOURS. A/O OBSERVED FOR 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT REFUSED. ALSO REFUSED TO GIVE ANSWER ANY INTRO QUESTIONS.. A/O READ I/C, DEFENDANT CRIED AND SAID DON'T RUIN MY LIFE AND AGREED TO TEST AND 30 SECONDS LATER REFUSED. YELLED AND CRIED WANTED LAWYER. A/O REMOVED DEFENDANT TO HOLDING CELL.

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006240 Software: 8100.27  
Date of Test: 03/23/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 19:55

Subject's Name: MELISSA L MEDCRAFT

DOB: 09/20/1983 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	20:27
	Air Blank	0.000	20:28
	Control Test	0.079	20:28
	Air Blank	0.000	20:28
	Subject Sample #1	REF*	20:29
	Air Blank	0.000	20:30
	Control Test	0.079	20:30
	Air Blank	0.000	20:30
	Diagnostics Check	OK	20:30

\*Subject Test Refused

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 SUE OWEN, 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: Sue Owen Signature Date: 3/23/21

Sworn to (or affirmed) before me this 23<sup>RD</sup> day of March, 2021

CLB 6679 Signature of Notary Public-State of Florida Ofc E. RODRIGUEZ 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.

# WITNESS LIST

CASE NUMBER: 21-02144

ARRESTING OFFICER: E.Rodriguez #

ADDRESS: 600 W Blue Heron Blvd Riviera Beach, FL 33404

PHONE NUMBERS (HOME): 561-814-4485 (WORK) \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: Carl R. Straker

ADDRESS: 594 W 5th St Riviera Beach, FL 33404

PHONE NUMBERS (HOME): 561-666-0926 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Crash, Wheel witness, Leaving the scene of the crash

NAME: Raymond Jackson

ADDRESS: 531 W 3rd St Riviera Beach, FL

PHONE NUMBERS (HOME): 561-670-1460 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Crash, Wheel witness, Leaving the scene of the crash

NAME: Airikh Jones

ADDRESS: 531 W 3rd St Riviera Beach, FL

PHONE NUMBERS (HOME): 561-670-1460 or 561-420-5012 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Crash, Wheel witness, Leaving the scene of the crash

NAME: Robert Ingram

ADDRESS: 531 W 3rd St Riviera Beach, FL

PHONE NUMBERS (HOME): 561-670-1460 or 561-231-1486 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Crash, Wheel witness, Leaving the scene of the crash

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) \_\_\_\_\_

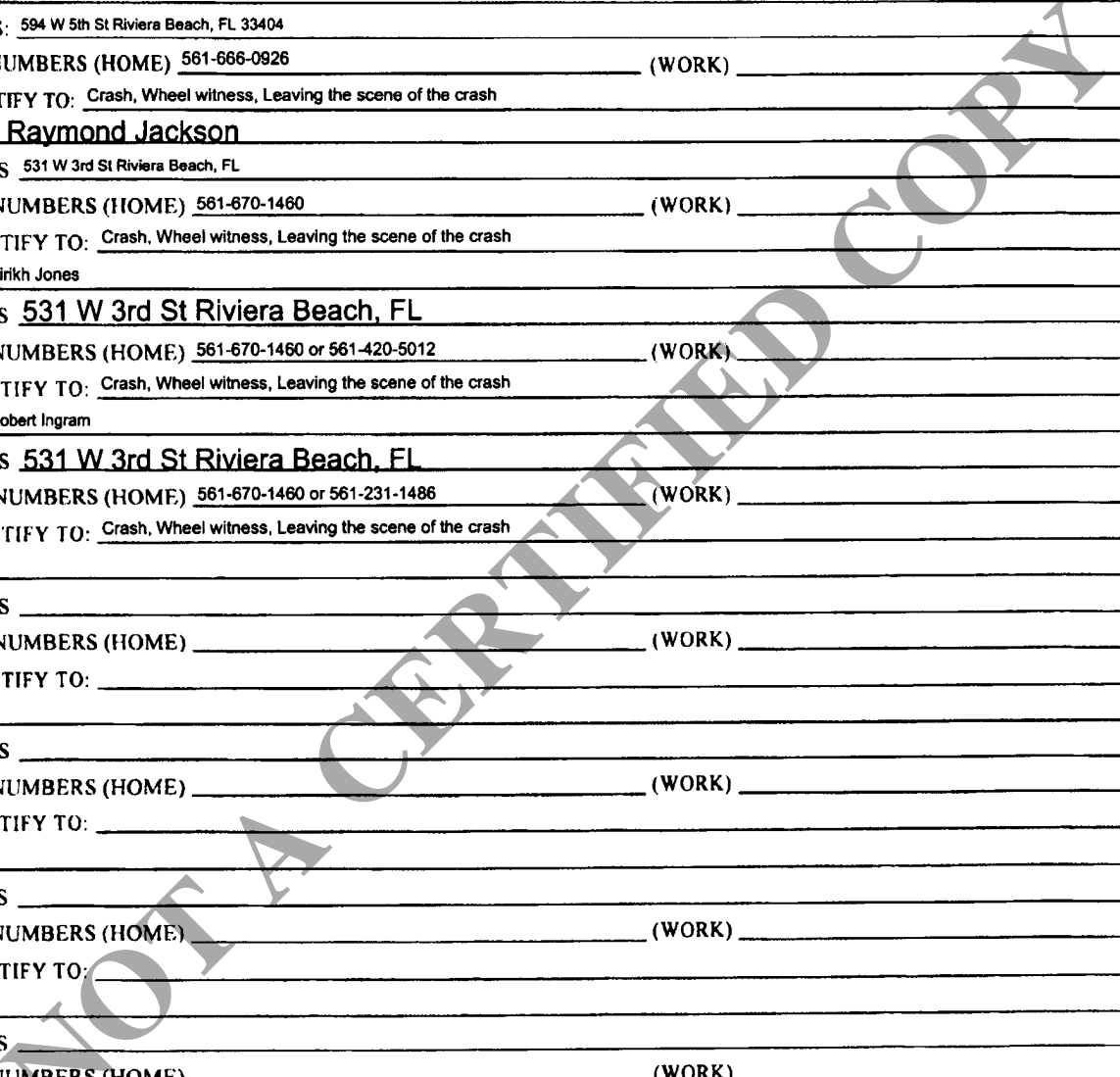
CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_





**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: 2021007094	Date: 03/24/2021
	Specialist Name/ID: T Howard/7185