
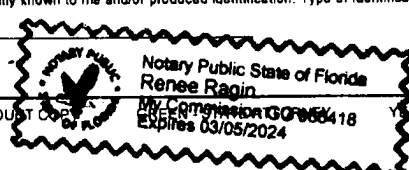


0529445

22072420 NB

3084

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile N
DBTS Number				
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-22-035529
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) NORTHLAKE BLVD / PROSPERITY FARMS RD, LAKE PARK FL 33403		Location of Offense (Business Name, Address) NORTHLAKE BLVD / PROSPERITY FARMS RD, LAKE PARK FL 33403		
Date of Arrest 02/12/2022	Time of Arrest 2134	Booking Date	Booking Time	Jail Date Jail Time Location of Vehicle
Name (Last, First, Middle) TURNBACH, MICHELLE, LYNN		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 6/14/1983	Height 5'10	Weight 190
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Mental Status Single	Religion NONE	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.
Local Address (Street, Apt. Number) (City) (State) (Zip) 17917 46TH CT N, LOXAHATCHEE FL 33470		Phone (954) 394 4312		Residence Type 1. City 2. County 3. Florida 4. Out of State 02
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source FL DL
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation Billing specialist
D/L Number, State T-651-552-83-714-0, FL		Soc. Sec. Number		INS Number Place of Birth (City, State) FORT LAUDERDALE, 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
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
Parent Legal Custodian Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone Business Phone				
Notified by: (Name) (Date) (Time)		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
Released To: (Name) Relationship		Date Time		
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended Grade		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property Value of Property		
Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other		Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other		
Charge Description D.U.I		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A) Violation of ORD #
Drug Activity Drug Type Amount / Unit U U		Offense # 22-035529	Warrant / Capias Number Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number Violation of ORD #
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number Violation of ORD #
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number Violation of ORD #
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number Bond	
Location (Court, Room Number, Address) North County Government Center/Courthouse, Courtroom #2, 3188 PGA Blvd., Palm Beach Gardens, FL 33410 - Ph: (561) 624-6608				
Court Date and Time Month March Day 16 Year 2022 Time 0830 AM PM				
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. 02/12/2022 Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed				
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: Intake Deputy SAW 8101 I.D. # Pouch #		Signature of Arresting Officer 33097 Name of Arresting Officer (Print) D/S TRINIDAD I.D. # 33097 Transporting Officer D/S TRINIDAD ID # 33097 Agency PBSO		
Name Verification (Printed by Arrestee) (PRINT)		PAGE 1 OF 1		
Witness here if subject signed with an "X"				

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22-035529								
	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		Special Notes										
DEF	Name (Last, First, Middle) TURNBACH, MICHELLE, LYNN				Alias		Race W		Sex F		Date of Birth 6/14/1983		
CHARGES	Charge Description D.U.I.				Charge Description 316.193(1)(A)								
	Charge Description				Charge Description								
VICTIM	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						
	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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ 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.</p> <p>On the <u>12</u> day of <u>FEB</u> 20<u>22</u> at <u>2027</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 2-12-2022 at approximately 2027 hours, I responded to Northlake Blvd and Prosperity Farms Rd Lake Park in reference to a motor vehicle accident.</p> <p>Upon arrival, I observed (3) three vehicles involved in a motor vehicle accident. After completing the traffic crash investigation, it was determined that Michelle Turnbach was at fault (see case # 22-035510 for additional information).</p> <p>Several witnesses on scene identified Turnbach as the driver of a black Chevrolet SUV FL tag # 64ABKB. Witnesses on scene stated Turnbach was sitting in the driver seat operating the vehicle and was traveling recklessly. Witnesses stated Turnbach was speeding, swerving, and ran a red light. The witnesses completed a written sworn statement.</p> <p>Fire Rescue arrived on scene and Turnbach refused medical attention. I made contact with Turnbach and observed she had glassy, bloodshot eyes, slurred speech, and a strong odor of an alcoholic beverage emanating from her breath. I explained to Turnbach that the crash investigation was over and now we were conducting a DUI investigation. I read Turnbach her Miranda warning which she stated she understood. Turnbach denied drinking any alcoholic beverages. I observed that Turnbach appeared to have urinated on herself.</p> <p>I had Turnbach stand in front of my vehicle and began the Horizontal Gaze Nystagmus (HGN). During the HGN I observed Turnbach swaying and unsteady on her feet. I gave Turnbach the instruction on what to do for the HGN and she stated she understood. While checking for HGN Turnbach moved her head and was instructed to maintain her head still.</p> <p>I then asked Turnbach to complete the next task the walk and turn. I gave instructions and demonstrated the walk and turn. Turnbach stated she understood. While giving instructions I observed Turnbach had difficulties maintaining her balance during the instructions. While Turnbach was in the starting position she lost her balance and stepped off the line. When Turnbach began the task she stopped several times, didn't touch heel to toe, stepped off the line several times, and took the wrong number of steps. I explained to Turnbach the instructions several times and demonstrated them again. Turnbach continued to repeat the same pattern.</p> <p>I then asked Turnbach to complete the next task the one-leg stand. I gave instructions and demonstrated the one-leg stand. Turnbach stated she understood. While giving instructions I observed Turnbach was swaying side to side. When Turnbach attempted to lift her leg she kept her foot arched and was touching the ground. I explained the task several times and Turnbach stated she understood. During the multiple attempts, Turnbach asked if she could hold my hand to perform this task.</p> <p>I then asked Turnbach to complete the next exercise the finger to nose. I gave instructions and demonstrated the finger-to-nose task. Turnbach stated she understood. While giving instructions I observed Turnbach was swaying side to side. While completing this task Turnbach missed her nose on all attempts. Turnbach also left her finger on her nose each time and was instructed each time to place her fingers down without me telling her to do so when she touched her nose. Turnbach continued to leave her finger on her nose.</p> <p>I then asked Turnbach to complete the next task the Romberg alphabet. I instructed and demonstrated the Romberg alphabet task. Turnbach stated she understood. While giving instructions I observed Turnbach was swaying side to side. Turnbach was unable to recite the alphabet and was given multiple attempts.</p> <p>Based on the above facts and statements Turnbach was placed in handcuffs which were double locked and checked for tightness and placed in the back seat of my marked patrol vehicle. Turnbach was arrested for F.S. 316.193(1) D.U.I.</p> <p>I then transported Turnbach to the main jail breath analysis facility for further processing. Upon arrival, I escorted the defendant to the facility and began a 20-minute observation period. During that time the defendant did not ingest anything into his body orally or otherwise, neither did he regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining his alcohol content. Turnbach refused to provide a breath sample. The defendant answered the Q&A sessions and was booked into the main jail for DUI.</p> <p>Turnbach signed D.U.I citation # AF0ZYZE and a copy of the citation was provided to her. The in-dash car video was classified and uploaded to the district 10/ Lake Park server. This case is cleared by arrest.</p>													
STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer) D/S TRINIDAD													
The foregoing instrument was read to or affirmed and subscribed before me this <u>12</u> day of <u>FEB</u> 20 <u>22</u> by <u>D/S TRINIDAD</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN LEO</u>													
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  Notary Public State of Florida Renee Ragin My Commission Expires 03/05/2024													
PAGE 1 OF 1													

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF FEB 20 22, AT 2027 AM PM
SUBJECT: TURNBACH, MICHELLE, LYNN CASE NUMBER: 22-035529
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S TRINIDAD

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

PER WITNESSES WRECKLESS DRIVING, SWERVING, RAN RED LIGHT, AND STRUCK A VEHICLE CAUSING THAT VEHICLE TO STRIKE ANOTHER.

OBSERVATION OF DRIVER:

GLASSY AND BLOODSHOT EYES, SLURRED SPEECH, UNSTEADY ON FEET, AND A STRONG ODOR OF AN ALCOHOLIC BEVERAGE EMANATING FROM BREATH.

DRIVER'S STATEMENTS:

None

ODORS:

Alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: SMILING, UPSET, CRYING

CLOTHING: APPEARED TO HAVE URINATED ON SELF

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S TRINIDAD 0-1-20 33097
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of FEB 20 22 by D/S TRINIDAD

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

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



SUBJECT: TURNBACH, MICHELLE, LYNN CASE NUMBER 22-035529

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

UNSTEADY ON FEET, SWAYING, MOVING HEAD

WALK & TURN:

LOOSE BALANCE DURING INSTRUCTIONS, UNABLE TO MAINTAIN BALANCE, DIDN'T TOUCH HEAL TO TOE, STEPPED OFF LINE SEVERAL TIMES, WRONG NUMBER OF STEPS, ATTEMPTED TO COMPLETE TASK SEVERAL TIMES. GAVE TURNBACH INSTRUCTIONS SEVERAL TIMES.

ONE LEG STAND:

UNABLE TO MAINTAIN BALANCE AND UNABLE TO PERFORM TASK. TURNBACH WAS UNABLE TO LIFT FOOT SIX INCHES ON THE GROUND WITHOUT LOOSING BALANCE. SEVERAL ATTEMPTS WERE MADE AND SHE WAS NOT ABLE TO COMPLETE TASK. I EXPLAINED THE TASK SEVERAL TIMES AND DEMONSTRATED. TURNBACH ASKED ME TO HOLD HER HAND TO DURING THE TASK

FINGER TO NOSE:

DURING FINGER TO NOSE TURNBACH WAS UNABLE TO TOUCH TIP OF FINGER TO TIP OF NOSE AND SWAYING SIDE TO SIDE. TOLD TURNBACH SEVERAL TIMES TO PLACE HAND DOWN WHEN SHE TOUCHES HER NOSE. TURNBACH CONTINUED LEAVING FINGER ON NOSE

ROMBERG ALPHABET:

CONTINUED TO WALK WITH EYES CLOSED AFTER GIVEN INSTRUCTIONS SEVERAL TIMES NOT TO. TURNBACH STATED SHE UNDERSTOOD BUT CONTINUED TO WALK SEVERAL TIMES. TURNBACH WAS UNABLE TO RECITE THE ALPHABET AFTER SEVERAL ATTEMPTS

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

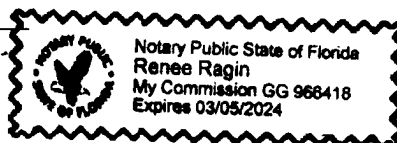
D/S TRINIDAD

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of FEB, 2022 by D/S TRINIDAD

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

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



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: 100-100000-100000 CASE NUMBER: 100-100000-100000

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: _____

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: 80-006478 Software: 8100.27
Date of Test: 02/12/2022

Date of Last Agency Inspection: 02/04/2022

Observation Period Began: 22:10

Subject's Name: MICHELLE L TURNBACH

DOB: 06/14/1983 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	22:34
	Air Blank	0.000	22:34
	Control Test	0.079	22:34
	Air Blank	0.000	22:35
	Subject Sample #1	RZF*	22:36
	Air Blank	0.000	22:36
	Control Test	0.079	22:36
	Air Blank	0.000	22:37
	Diagnostics Check	OK	22:37

*Subject Test Refused

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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 RENEE M RAGIN, 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: 02/12/22

Sworn to (or affirmed) before me this 12 day of Feb., 2022

[Signature] 33097 D/S.O. Trinidad #33097
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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

I, Deputy Sheriff OSCAR TRINIDAD, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)
or affirm that on or about the TWELFTH day of February, 2022, at 9:34 PM
DRIVER MICHELLE LYNN TURNBACH
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # T651552837140, state of FL, was placed under lawful arrest for
the offense of DUI by Deputy Sheriff LE OSCAR TRINIDAD and
(Name of Arresting Officer)
issued Citation # _____.

That on or about the TWELFTH day of Feb, 2022, at 10:30 PM
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 (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.

Oscar Trinidad 33097
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 12 day of Feb, 2022
by O. Trinidad
who is personally known to me or who has produced
_____ as identification.
Notary Public Renee Regin

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.

TESTING FACILITY TASK REPORT

AGENCY: **PBSO**

SUBJECT: **Turnbach, Michelle L**

CASE NUMBER: **22-035529**

DATE: **Feb 12, 2022**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **22:30**

ENDING TIME: **22:42**

BREATH TESTS RESULTS: 1) **Refusal** TIME **22:36** A.M. ☐ P.M. ☒ 2) **N/A** TIME **-----** 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: **Slurred, Mumbled**

ATTITUDE: **Crying, upset**

CLOTHING: **Black pants, black tank top with red plaid shirt, tan flip-flops**

MEDICAL CONDITIONS: **None**

MEDICATIONS: **None**

OTHER:

Eyes are glassy & bloodshot
Odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 22:10 hrs.

Subject agreed to perform breath test.
Once Tech. set up Intoxilyzer for test subject stated no she is not blowing.

A/O read I/C and subject stated she understood I/C.

Subject refused to take test.

A/O read rights.
Subject stated she understood rights.

A/O conducted Q&A.
Subject answered Q&A.

REFUSED



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

REVIEW COMPLETED BY

Booking Number: 2022004099

Date: 2/13/2022

Specialist Name/ID: S.Evans/23872