

21CT1738ASB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2021-001437</b>	
Charge Type: Check as many as apply	1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>	
2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>		
Location of Arrest (Including Name of Business) <b>3601 N MILITARY TRL, BOCA RATON, FL, 3601 N MILITARY</b>				Location of Offense (Business Name, Address) <b>3601 N MILITARY TRL, BOCA RATON, FL 33431</b>		
Date of Arrest <b>02/04/2021</b>	Time of Arrest <b>01:19</b>	Booking Date <b>02/04/2021</b>	Booking Time <b>02:11</b>	Jail Date <b>02/04/2021</b>	Jail Time <b>02:11</b>	Location of Vehicle <b>WESTWAY TOWING</b>
Name (Last, First, Middle) <b>GALINDEZ, MICHELLE SARAH</b>						
Alias:						
Race W - White B - Black O - Oriental/Asian	I - American Indian A - Asian	Sex <b>F</b>	Date of Birth <b>01/11/1993</b>	Height <b>5'03</b>	Weight <b>145</b>	Eye Color <b>BROWN</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>M</b>	Religion <b>REFUSED</b>	Complexion <b>LIGHT</b>		Build <b>Medium</b>
Local Address (Street, Apt. Number) <b>1269 SCOTTSDALE RD S, WEST PALM BEACH, FL 33417</b>			(City) <b>WEST PALM BEACH</b>	(State) <b>FL</b>	(Zip) <b>33417</b>	Phone <b>(561) 313-6369</b>
Permanent Address (Street, Apt. Number) <b>1269 SCOTTSDALE RD S, WEST PALM BEACH, FL 33417</b>			(City) <b>WEST PALM BEACH</b>	(State) <b>FL</b>	(Zip) <b>33417</b>	Phone <b>(561) 313-6369</b>
Business Address (Name, Street) <b>REFUSED,</b>			(City)	(State)	(Zip)	Phone
DL Number, State <b>G43557935110 / FL</b>	Exp. Date	DNS Number	Place of Birth (City, State) <b>LOS ANGELES, CA</b>	Citizenship <b>US</b>		
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		
Name (Last, First, Middle)						Residence Phone
<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian						Business Phone
Address (Street, Apt. Number)						
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT IAC <input type="checkbox"/> 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.						Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:						Value of Property
Drug Activity N. N/A P. Potency	S. Sell B. Buy T. Traffic	R. Seize D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other
Charge Description <b>DRIVE UNDER INFLUENCE ALC</b>				State Violation Number <b>316.193(1A)</b>	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Citrus Number
	<b>N</b>			<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description				State Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Citrus Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description				State Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Citrus Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant <b>FAIR</b>						
<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Postpaid Bond <input type="checkbox"/> South County Mental Health			<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By <b>J. CASAS ID818</b>	
Released To <b>TOT CJ</b>			Released By <b>J. CASAS ID818</b>		Other	
Transported By <b>J. CASAS ID818</b>			Date Transported	Time Transported		
<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>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
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.			Court Date and Time <b>03/08/2021 08:30:00</b>			
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Restated Arrest <input type="checkbox"/> Other			Signature of Arresting Officer <b>J. CASAS, J.</b>		Name Verification (Printed by Arrestee) <b>FEB 04 5:27</b>	
Intake Agency <b>Deputy</b>	LD #	Pouch #	Name of Arresting Officer (Print) <b>J. CASAS</b>	LD # <b>818</b>	Agency <b>BRPD</b>	PAGE <b>1 OF 1</b>

0456048

FEB 04 2021

3046

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-001437</b>
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:

Name (Last, First, Middle) <b>GALINDEZ, MICHELLE SARAH</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/11/1993</b>
Charge Description <b>316.193(1A) DUI</b>	Charge Description			
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race <b>U</b>	Sex <b>U</b>	Date of Birth
Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	(City) <b>BOCA RATON</b>	(State) <b>FL</b>	(Zip) <b>33432</b>
Business Address (Name, Street)	(City)	(State)	(Zip)

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 **February**, **2021** at **01:19** (Specifically include facts constituting cause for arrest.)

On 2/4/21, at approximately 0059 hours, I responded to 3601 as a back-up unit for a traffic stop. Upon arrival, I observed that a gray 2018 Kia Soul (FL tag KXFR77) stopped in the intersection. The vehicle was facing northbound in the southbound lanes. I also observed wet tire tracks in the roadway indicating that the vehicle had been traveling northbound in the southbound lanes at one point in time. The vehicle also had a partially flat rear driver side tire.

Officer Howard informed me that she was patrolling the area when she observed the vehicle stopped in the same position as explained above. She stated the driver was initially standing outside of the vehicle with the front and rear driver side doors open. Officer Howard said it appeared that the driver was searching for something in the back seat at the time. She advised the driver then sat back in the driver's seat and regained actual physical control of the vehicle. The driver was identified as Michelle Galindez by FL DL.

I approached the vehicle from the driver side and made contact with Galindez. I immediately observed that the Galindez's eyes were red and glossy, her movements were slowed, and her speech was slurred. I also observed a strong odor of an unknown alcoholic beverage emanating from Galindez's breath when she spoke. When asked, Galindez stated she was driving on either Southern Blvd or Forest Hill Blvd in West Palm Beach. It appeared she did not know she was driving on the wrong side of the road.

Based on my observations, Officer Howard's observations, and Galindez's statements, I believed that Galindez was under the influence of alcohol while in actual physical control of a vehicle within the state. I asked Galindez to exit the vehicle for further investigation. Galindez agreed to perform Standardized Field Sobriety Exercises.

Prior to beginning the exercises, I asked Galindez a series of questions. I asked

SWORN AND SUBSCRIBED BEFORE ME	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<i>S. O'Neal</i>	<i>[Signature]</i>	<i>[Signature]</i>
<b>02/04/2021</b>	<b>CASAS, JAVIER (818)</b>	<b>02/04/2021</b>
DATE	NAME OF OFFICER (PLEASE PRINT)	DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number

Agency ORI Number

FL 0500200

Agency Name

BOCA RATON POLICE DEPARTMENT

Agency Report Number

312 2021-001437

Charge Type:  
Check as many  
as apply.

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

Name (Last, First, Middle)

GALINDEZ, MICHELLE SARAH

Alias

Race

Sex

Date of Birth

W

F

01/11/1993

Galindez if she was sick or injured and she stated she was not. Galindez also stated she did not have any physical injuries or defects. Galindez claimed she did not limp and felt comfortable walking in the footwear she was wearing. she said she was not taking any prescription medications or other drugs. I asked Galindez if she had any problems with his eyes that were not corrected by glasses and she said she did not. Galindez also stated she was not diabetic or epileptic. I then continued with the exercises.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Galindez stated that she understood. I observed that Galindez was swaying in a circular motion while the exercise was being conducted. Galindez also required to be reminded several times to not move her head during the exercise.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Galindez had some difficulty getting into and staying in the starting position. She also started the exercise before being told to do so, twice. Once the instructions were completed, Galindez stated that she understood, and she was instructed to begin. Galindez missed heel-to-toe on every step and stepped off the line several times. She also made an improper turn and used her arms for balance.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. Galindez stated she understood. Galindez began the exercise before being told to do so. She also swayed in a circular motion, used her arms for balance, and put her foot down several times while completing the exercise.

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

R - Missed the tip of her nose.

L - No apparent issues.

R - Missed tip of her nose.

R - Raised left hand, put it down, and then missed the tip of her nose with right hand.

L - No apparent issues.

The final exercise was the modified romberg balance test. I asked Galindez if she felt comfortable estimating the passage of 30 seconds and she stated she did. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. Galindez estimated the passage of 30 seconds in 30 seconds. She also swayed during the exercise.

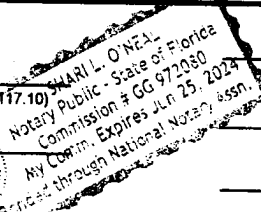
Based on the totality of the circumstances, I found probable cause to believe that Galindez was under the influence alcohol while in actual physical control of a motor

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 117.10)

02/04/2021

DATE



SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)

NAME OF OFFICER (PLEASE PRINT)

02/04/2021

DATE

PAGE

2 of 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A.  
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1

JUVENILE

OBTIS Number		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3 2 2021-001437</b>	
Charge Type: Check as many as apply.		Special Notes:					
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other							

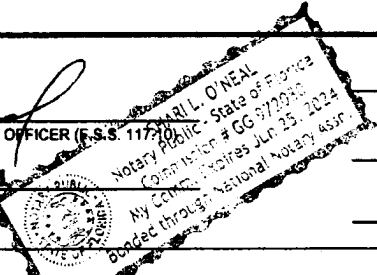
Name (Last, First, Middle) <b>GALINDEZ, MICHELLE SARAH</b>			Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/11/1993</b>
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vehicle within the state. Galindez was placed under arrest for DUI per F.S.S 316.193(1a). She was transported to the Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator O'Neal (#6212) completed the BAT room procedures. Galindez provided two breath samples of .176 and .184. Galindez was advised of her constitutional warnings, stated she understood, and chose to not answer any of my questions. See DUI Influence Report for further.

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.30) <i>[Signature]</i> DATE: <b>02/04/2021</b>		<i>[Signature]</i> <b>CASAS, JAVIER (818)</b> NAME OF OFFICER (PLEASE PRINT) DATE: <b>02/04/2021</b>	



I

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: 02/04/2021

Date of Last Agency Inspection: 01/15/2021  
Observation Period Began: 02:11  
Subject's Name: MICHELLE S GALINDEZ

DOB: 01/11/1993 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	03:00
	Air Blank	0.000	03:01
	Control Test	0.079	03:01
	Air Blank	0.000	03:02
	Subject Sample #1	0.197	03:04
	Air Blank	0.000	03:05
	Air Blank	0.000	03:06
	Subject Sample #2	0.182	03:08
	Air Blank	0.000	03:09
	Control Test	0.074*	03:09
	Air Blank	0.000	03:10

\*Control Outside Tolerance

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 SHARI L O'NEAL, 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: 02-04-21  
Signature

Sworn to (or affirmed) before me this 04 day of February, 2021

[Signature] Signature of Notary Public-State of Florida  
Ofc. Casus # 818 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 # 21-032076 PBSO ZONE 7-11

AGENCY CASE # 32-2021-001437 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0048 DATE 02/04/2021 DAY \_\_\_\_\_

SUBJECT'S NAME GALINDEZ MICHELLE S RACE W SEX F  
LAST FIRST MID

HGT 503 WGT 145 DOB 01/11/1993

LOCATION 3601 N MILITARY TRL, BOCA RATON, FL 33431

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

DIVISION: SPEC. SERV. - DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0211

ARREST TIME 0119

BREATH RESULTS:

- 1) .197
- 2) .182 Control Outside Tolerance
- 3) .187
- 4) .189 Control Outside Tolerance
- 5) .176
- 6) .184

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:  5).176 0330 A.M. 6).184 0333 A.M.

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: VERY RED, GLASSY  
DEXTERITY: UNSTEADY WALKING AT TIMES  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O CASAS #818  
D WAS INSULTING AND SARCASTIC TO THE A/O  
A/O HAD TO USE HIS BODY CAMERA, OUR PBSO CAMERA SYSTEM WAS HAVING TECHNICAL DIFFICULTIES.  
A/O REQUESTED THE BREATH TEST ON CAMERA.  
D SUBMITTED TO THE BREATH REQUEST.  
D WAS NOT BLOWING CORRECTLY AT FIRST, HAD TO EXPLAIN SEVERAL TIMES HOW TO BLOW.  
D EVENTUALLY BLEW CORRECTLY TO COMPLETE THE TEST.  
HAD TO DUE ANOTHER TEST, DUE TO OUTSIDE CONTROL TOLERANCE.  
C/W READ ON CAMERA TO THE D.  
SECOND SEQUENCE OF TEST, RECEIVED ANOTHER OUTSIDE CONTROL TOLERANCE.  
MOVED TO ANOTHER ROOM, D AGREED TO SUBMIT TO ANOTHER TEST.  
TEST COMPLETD CORRECTLY WITH NO ISSUES.  
C/W HAD BEEN READ TO THED, PRIOR THIRD SEQUENCE OF TEST.  
D REFUSED Q&A

SUBJECT: Galindez, Michelle CASE NUMBER: 21-1437

## 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) Read on camera

SUBJECT: Galindez, Michelle CASE NUMBER: 21-1437

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



**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: 2021002877	Date: 02/04/1968
	Specialist Name/ID: T Howard/7185