
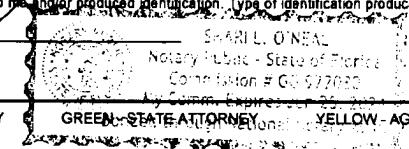


22CT 978 MB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-22-027977							
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 checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) Jog Road/Lantana Road		Location of Offense (Business Name, Address) Jog Road/Gateway Blvd, Lake Worth, FL 33467		Weapon Seized / Type 2. Yes 2. No		Multiple Clearance Indicator 1							
Date of Arrest 01/22/2022		Time of Arrest 03:35		Booking Date 01/22/2022		Booking Time		Jail Date		Jail Time		Location of Vehicle Priority Towing	
Name (Last, First, Middle) YOUNG, MONIQUE, MICHELLE												Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 10/4/1966		Height 5'08		Weight 145		Eye Color BROWN		Hair Color BROWN	
Complexion Fair		Build Small		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Lower Back		Marital Status Married		Religion		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>	
Local Address (Street, Apt. Number) 6342 SEVEN SPRINGS BLVD APT D, GREENACRES FL 33463		(City) GREENACRES		(State) FL		(Zip) 33463		Phone (561) 889-4701		Residence Type 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source Verbal			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation Bar Owner			
D/L Number, State Y-520-553-66-864-0 FL,		Soc. Sec. Number		INS Number		Place of Birth (City, State) Lamar, Colorado		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 <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		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 355-2526) informed of any change of address.		School Attended		Grade									
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No: (Reason)		Property Crime? <input type="checkbox"/> Yes <input 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 DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)A		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 22-027977		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 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) 200 W. ATLANTIC AVE. DELRAY BEACH, FL 33444													
Court Date and Time Month February Day 24 Year 2022 Time 8:30 AM <input checked="" type="checkbox"/> 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													
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed 01/22/2022	
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) 37274		(PRINT)		PAGE					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S D. Holligan		I.D. # 37274		Transporting Officer D/S D. Holligan		ID # 37274		Agency PBSO	
Inmate Deputy Bonillo		ID # 18342		Pouch #		Witness here if subject signed with an "X"		1		OF 1			

D145958

3/22

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- 22-027977					
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
CHARGES	Name (Last, First, Middle) YOUNG, MONIQUE, MICHELLE		Alias		Race W		Sex F		Date of Birth 10/4/1966	
	Charge Description DUI		316.193(1)A		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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input 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. </div> </div> <p>On the <u>22</u> day of <u>January</u> 20<u>22</u> at <u>03:05</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>										
<p>On Saturday January 22nd, 2022 at approximately 3:03 AM while performing the duties of a Palm Beach County Sheriff's Deputy; I was on Jog road near Gateway Blvd observing traffic. At this time, I observed a dark colored SUV accelerate quickly on Jog road just north of Gateway Blvd. I got behind that vehicle and began to pace clock the vehicle with my marked patrol unit that is calibrated. While behind the vehicle, it traveled at 70 miles per hour in a posted 45 mile zone. That vehicle also failed to maintain its lane, crossing the dotted lines twice. As we approached Hypoluxo road which had a red light, the SUV almost struck a stopped truck in the rear. I then activated my emergency equipment to conduct a traffic stop. The vehicle took nearly a mile to stop. Also while my lights were activated, the vehicle crossed over the solid line several times. The vehicle finally came to a stop just south of Lantana road. That vehicle was bearing a Florida tag of Z76BFQ.</p> <p>I exited my vehicle and made a driver side approach to the vehicle. I then introduced myself and stated the reason for the stop. The driver didn't give a reason for the speed but instead stated she thought I was a street sweeper. The driver movements were very slow and she paused between answering questions. After she grabbed her purse, she struggled to open it and grab her license. I asked where she was coming from and she stated Boynton. While speaking with the driver I noticed her eyes were bloodshot/watery and she had slurred speech. The driver provided me a Florida DL where I was able to identify her as Monique Young (Y520553668640).</p> <p>After returning to the vehicle, I asked Monique to exit the vehicle and walk to the front of mine. While speaking to her outside of the vehicle, I could smell the odor of an unknown alcoholic beverage coming from her facial area. After asking if she drank tonight, she stated that she had 3 drinks between 9:00 PM and now. Monique stated her last drink was about 1 hour prior to the stop. Monique also continually stated that this is going to ruin her and her business. Based on my suspicion that she had been drinking, I asked Monique at approximately 3:18 AM would she consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. Monique agreed to do so. Prior to the start of the exercises I asked if she had any medical issues, injures and/or used drugs and she stated no.</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  D/S D. Holligan (Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22</u> day of <u>January</u> 20 <u>22</u> by <u>D/S D. Holligan</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> Shari O'Neal (#6212) Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Jvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22-027977					
	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:					
CHARGES	Name (Last, First, Middle) YOUNG, MONIQUE, MICHELLE		Alias		Race W		Sex F		Date of Birth 10/4/1966	
	Charge Description DUI		316.193(1)A		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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input 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. </div> </div> <p>On the <u>22</u> day of <u>January</u> 20<u>22</u> at <u>03:05</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>The first field sobriety exercise I conducted was the Horizontal Gaze Nystagmus. Before beginning the exercise, I explained the instructions to Monique and she stated she understood. During this exercise she had Lack of Smooth Pursuit in both eyes, Distinct & Sustained Nystagmus at maximum deviation in both eyes, and Onset of Nystagmus prior to 45-degrees in both eyes. Also while performing this exercise she was reminded to not move her head and to follow the pen with only her eyes. At times she did not follow the pen at all.</p> <p>The next exercise I had her perform was the walk and turn. I again explained the instructions and demonstrated this, and she stated she understood. For this exercise I had her walk on a white lane line on a dry flat surface clear of debris. While explaining the instructions, Monique started the exercise early and couldn't keep her balance. As she started the exercise, she lost balance and asked to start over. After starting over; she stepped off the line, used her arms for balance, never touched heel to toe, stumbled and did an improper turn. After turning around, she stopped half way and asked to call her husband to pick her up. She also stated that she can't do this. I read Monique her Taylor Warnings and then she completed the exercise.</p> <p>The following exercised performed was the One Leg Stand. I again explained the instructions for this exercise and she stated she understood. During this exercise; Monique used her arms for balance, put her foot down, and stumbled.</p> <p>The next exercise performed was the finger to nose. I again explained the instructions for this exercise and she stated she understood. During this exercise, Monique missed the tip of her nose and opened her eyes. Before beginning this exercise, Monique asked if my camera was off and if I could let her go.</p> <p>The final exercise performed was the Romberg Alphabet. I again explained the instructions for this exercise, and she stated she understood. Monique completed the exercise as instructed.</p> <p>At approximately 3:35 AM, Monique was placed under arrest for driving under the influence. Her cuffs were double locked and checked for proper fit. After placing her in my vehicle, Monique asked who was the deputy that pulled her over. Monique did not recall me stopping her. I then transport her to the Palm Beach County Sheriff Office BAT center without incident. At approximately 4:27 AM, we arrived at the BAT center and the 20-minute observation period began under my supervision. At approximately 4:48 AM, Monique was asked if she would provide a breathe sample and she stated no. Implied consent was read. She again refused at approximately 4:51 AM.</p> <p>Monique vehicle was towed by Priority Towing due to her arrest. She was then booked into the county jail.</p>										
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> 37274 D/S D.Holligan (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22</u> day of <u>January</u> 20<u>22</u> by <u>D/S D.Holligan</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p><u>Shari O'Neal (#6212)</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <div style="text-align: right;"> <p>PAGE <u>2</u> OF <u>2</u></p> </div>										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF January 20 22, AT 03:05 AM PM

SUBJECT: YOUNG, MONIQUE, MICHELLE CASE NUMBER: 22-027977

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D.Holligan

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

This will ruin her and her business. Can she call her husband to pick her up.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite

CLOTHING: Orderly

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D.Holligan

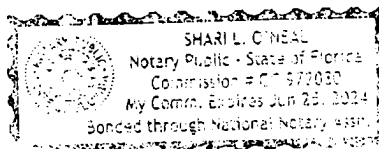
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of January 20 22 by D/S D.Holligan

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

Shari O'Neal (#6212)

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



SUBJECT: YOUNG, MONIQUE, MICHELLE CASE NUMBER 22-027977

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:

SEE PC AFFIDAVIT

WALK & TURN:

SEE PC AFFIDAVIT

ONE LEG STAND:

SEE PC AFFIDAVIT

FINGER TO NOSE:

SEE PC AFFIDAVIT

ROMBERG ALPHABET:

SEE PC AFFIDAVIT

BREATH TEST RESULTS: REFUSED REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D.Holligan

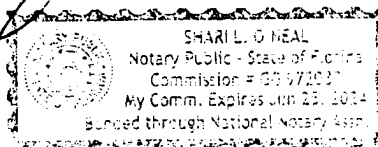
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of January 20 22 by D/S D.Holligan

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

Shari O'Neal (#6212)

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





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

PBSO CASE # 22-027977 PBSO ZONE 6-21
AGENCY CASE # 22- CRASH CASE #
TIME OF STOP/CRASH 03:05 DATE 01/22/2022 DAY Saturday
SUBJECT'S NAME YOUNG, MONIQUE, MICHELLE RACE W SEX F
HGT 5'08 WGT 145 DOB 10/4/1966
LOCATION Jog Road/Lantana Road
ARRESTING OFFICER'S NAME & ID D/S D.Holligan (37274) AGENCY Palm Beach County Sheriff's Office
DIVISION: District 6
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 04:27
ARREST TIME 03:35

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE #

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

22-027977

I, D/S D.Holligan, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 22 day of January, 20 22, at 03:35 ☐ P.M. ☒ A.M.

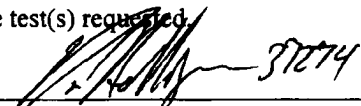
DRIVER MONIQUE MICHELLE YOUNG,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

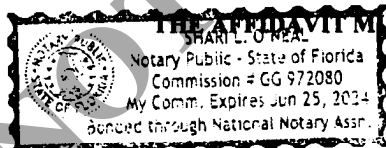
DL# Y-520-553-66-864-0 FL, state of Florida, was placed under lawful arrest for
the offense of DUI by D/S D.Holligan and
(Name of Arresting Officer)
issued Citation # AEA80SE

That on or about the 22 day of January, 20 22, at 4:51 ☐ 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.


Signature of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)

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

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before

me this 22 day of January, 20 22,

by D/S D.Holligan,

who is personally known to me or who has produced

KNOWN as identification

Notary Public Shari O'Neal (#6212)

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.

WITNESS LIST

CASE NUMBER: 22-027977

ARRESTING OFFICER: D/S D.Holligan

ADDRESS: 7894 S. Jog Road

PHONE NUMBERS (HOME): _____ (WORK) 561- 688-4860

CAN TESTIFY TO: FACTS

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: P850 D/S HOLLIGAN #37274

SUBJECT: YOUNG, MONIQUE M.

CASE NUMBER: 22-027977

DATE: 01-22-22

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 04:48 HRS

ENDING TIME: 04:52 HRS

BREATH TESTS RESULTS: 1) TIME 4:51 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.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, LOUD AT TIMES

ATTITUDE: EMOTIONAL, UPSET, COOPERATIVE AT TIMES, MOODSWINGS, UNCOOPERATIVE, SARCASTIC, CRYING

CLOTHING: SHIRT- BLACK & WHITE/PRINT PANTS- BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY

DEXTERITY: NEEDED ASSISTANCE AT TIMES

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O HOLLIGAN #37274
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA, D UNDERSTOOD THE I/C.
D STILL REFUSED AFTER THE I/C WAS READ TO HER.
C/W READ ON CAMERA.
NO Q&A, D ASKED FOR A LAWYER.

SUBJECT: YOUNG, JAMES EARL CASE NUMBER: 44-38861-17

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 Lyle H. Young # 7479 of the FBI

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) David W. Lawrence

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) Isaac J. Cummings

SUBJECT: Y. [illegible] CASE NUMBER: 44-1987

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



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022002016	Date: 1/23/2022
	Specialist Name/ID: M. Took #8557