

2024 1435

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile

N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20-029767		
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 NONE		
Location of Arrest (Including Name of Business) 1900 6TH AVE S (CUBESMART)		Location of Offense (Business Name, Address) 1900 6TH AVE S (CUBESMART)		Multiple Clearance Indicator 01				
Date of Arrest 01/24/2020	Time of Arrest 0105	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle PRIORITY TOWING		
Name (Last, First, Middle) Renstrom Ola Breanna		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 03/04/1984	Height 5'02	Weight 135	Eye Color BRO	Hair Color BRO	Complexion FAIR	
Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TREBLE CLEF - LEFT DELTOID, PEACE SIGN - RT SHOULDER		Marital 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) 110 Bella Vista Way		(City) Royal Palm Beach, FL 33411	(State) FL	(Zip) 33411	Phone (269) 599-4252	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
D/L Number, State R523642845840, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ODESSA UKRAINE	Citizenship USA	
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:		Address (Street, Apt. Number)					(City)	(State)
Notified by: (Name)		Date	Time	Juvenile Disposition 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade		
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 DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)(c)		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit NONE	Offense # 20-029767	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) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406								
Court Date and Time Month 02 Day 20 Year 2020 Time 0830 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) <i>[Signature]</i>				Date Signed 01/24/2020				
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arresting Officer) 01/24/2020				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. SCHNEIDER I.D. # 8723 8723				
Intake Deputy SPAWN I.D. # 3101 Pouch #		Transporting Officer INV. SCHNEIDER ID # 8723 Agency PBSO		Witness here if subject signed with an "X" 1 OF 1				

NOT A

FILED
JAN 24 2020
PALM BEACH COUNTY COURTS
(CRIMINAL DIV.)

0514226

SCANNED
JAN 24 2020

2054

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20-029767			
Charge Type: Check as many as apply		Special Notes SUPPLEMENTAL PC					
<input type="checkbox"/> 1. Felony		<input checked="" 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			
Defendant Name (Last, First, Middle) RENSTROM OLA				Race W	Sex f	Date of Birth 03/04/1984	
Charge DUI		Charge					
Charge		Charge					
Victim Name (Last, First, Middle)				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
<p>The undersign 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...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><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.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 24th day of JANUARY 20 20 at 0007 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>							

ON 01/24/2020 AT APPROXIMATELY 0007 HOURS, I WAS DISPATCHED TO 1900 8TH AV S (CUBESMART STORAGE), LAKE WORTH BEACH, PALM BEACH COUNTY, FL 33461 IN REFERENCE TO A VEHICLE THAT HAD DRIVEN OVER THE CURB AND GOTTEN STUCK I NTHE PARKING LOT.

UPON ARRIVAL, I OBSERVED A RED ACURA 4-DOOR SEDAN BEARING FL TAG HMC688 STUCK ON THE CURB, WITH THE FRONT TWO WHEELS IN THE GRASS. THE DRIVER WAS ATTEMPTING TO MOVE THE VEHICLE BUT IT WAS STUCK. I MADE CONTACT WITH THE DRIVER, LATER IDENTIFIED BY FL DL AS OLA RENSTROM, W/F 03/04/1984, WHO WAS SITTING THE DRIVER SEAT WITH THE KEYS IN THE IGNITION AND THE ENGINE RUNNING.

I IMMEDIATELY DETECTED THE OVERWHELMING ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMINATING FROM HER FACE AND PERSON, INCREASING AS I SPOKE WITH HER. HER SPEECH WAS SLURRED AND SHE HAD DIFFICULTY ANSWERING BASIC QUESTIONS. I ASKED FOR HER DRIVER'S LICENSE AND REGISTRATION, AND I OBSERVED HER PASSING-OVER HER DRIVER'S LICENSE IN HER WALLET NUMEROUS TIMES. SHE FIRST HANDED ME A VISA CREDIT CARD UNTIL I DRIECTED HER TO HER DRIVER'S LICENSE. RENSTROM STATED THAT SHE WAS COMING FROM HONEY'S IN DELRAY BEACH AND DRIVING HOME TO ROYAL PALM BEACH AND COULD NOT EXPLAIN WHY SHE WAS IN A PARKING LOT IN LAKE WORTH BEACH.

AT THIS POINT, I REQUESED A DUI UNIT, AND INV. SCHNEIDER #8723 RESPONDED FOR FURTHER EVALUATION.

THIS PC IS A SUPPLEMENT.

SCANNED
JAN 24 2020

The foregoing instrument was sworn to and affirmed before me this <u>24TH</u> day of <u>JANUARY</u> 20 <u>2020</u> by:	
INV. SCHNEIDER #8723	D/S P. DUNCAN 33744
_____ Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	_____ Name of Arresting/Investigating Officer
_____ Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	_____ Signature of Arresting/Investigating Officer
	Page 1 of 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF January 2020 AT 0007 AM PM

SUBJECT: Renstrom Ola Breanna CASE NUMBER: 20-029767

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. SCHNEIDER 8723

PERSONAL CONTACT

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

On 01/24/2020 at approximately 00:21hrs, I was called to the scene of a possible impaired driver at 1900 6th Ave South, which is located in the City of Lake Worth, Palm Beach County, Florida. I arrived at the scene at approximately 0043 hrs. D/S Duncan #33744 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had made contact with the defendant who was in her vehicle, a Red Acura bearing FL tag HMCF68. D/S Duncan noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Duncan identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the contact.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as Ola Breanna Renstrom, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emanating from her person and face area. This odor intensified as I spoke to her. Renstrom had glassy, glazed, and blood shot eyes. Renstrom's speech was slurred, slow, and at times difficult to understand and her movements were slow, deliberate and she appeared lethargic. Renstrom was wearing a white sweater, blue jeans, and tan moccasins. Renstrom's sweater was dirty. Renstrom was emotional and crying.

DRIVER'S STATEMENTS:

Pre-Miranda: Brianna stated she was at Honey's and had two or three 6 oz vodka and cranberry drinks.

She consented to breath refused the Q&A.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emanating from her person and face area which intensified as we spoke.

GENERAL OBSERVATIONS

SPEECH: Renstrom's speech was slurred, slow and at times difficult to understand.

ATTITUDE: Polite, cooperative, emotional

CLOTHING: White Sweater, Dark Jeans and tan moccassion

MEDICAL/OTHER: See BAT report

SCANNED

JAN 24 2020

STATE OF FLORIDA
COUNTY OF PALM BEACH

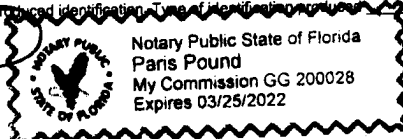
INV. SCHNEIDER 8723
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of Jan 2020 by INV. SCHNEIDER 8723

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

Pound 24639

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



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:

Renstrom would sway roughly in a side to side front to back pattern throughout the task.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Renstrom who stated that she understood. During the task, I observed Renstrom to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Renstrom could not maintain her balance while listening to instructions. Renstrom stepped out of the instructional stance during the demonstration phase. Renstrom missed heel-to-toe steps and stepped off the line. Renstrom used her arms for balance by raising them more than six inches. Renstrom performed an improper turn by turning other than which was demonstrated. . Additionally, Renstrom performed the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Renstrom who stated that she understood. Renstrom starting counting out loud as instructed however she stopped before completing the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Renstrom who stated that she understood. Renstrom failed to return her arms down to her sides as instructed after touching her nose. Renstrom's index finger did not touch the tip of the nose on multiple attempts. Renstrom searched for the tip of her nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Renstrom who stated that she understood. Renstrom did not follow the instructions and sang the alphabet but did so correctly.

BREATH TEST RESULTS: .132 .125

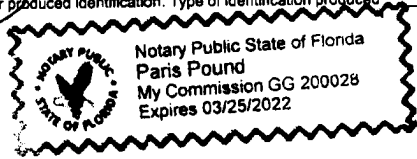
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. SCHNEIDER 8723
(Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of Jan 2020 by INV. SCHNEIDER 872

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

Pound 24639
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
JAN 24 2020

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	20-029767	ZONE:	14-13	SUSPECT:	OLA PENSTROM	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	01/24/2020 0007
EVENT TYPE:	DUI	DEPUTY:	D/S P. DWLAN	ID#:	33744		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Feola	FIRST NAME:	Ann	MIDDLE INITIAL:	M	RACE:	W	SEX:	F	
DATE OF BIRTH:	11-9-63	YOUR HEIGHT:	56	YOUR WEIGHT:	TOMUCH	YOUR HAIR COLOR:	RED	YOUR EYE COLOR:	HAZEL	
YOUR HOME ADDRESS:	1900 6th Ave S Lake Worth Fl.	<input type="checkbox"/> CHECK IF HOMELESS	CITY:	Lake Worth	STATE:	FL	ZIP:	33461		
YOUR WORK NAME & ADDRESS:	Same CubeSmart	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	Lake Worth	STATE:	FL	ZIP:	33461		
WORK PHONE:	(561) 202-9058	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	(561) 779-6961	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	()	<input type="checkbox"/> CHECK IF NONE	EMAIL:	annfeola@icloud.com

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	1 Ann Feola	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
------------	-------------	--

Approx 1145pm I looked out our patio window to see a car half way in ~~another~~ one of our drainage ditches in reverse trying to get out a lady got out and was confused wanting help to get her car out she was belligerent we called the police

SCANNED

JAN 24 2020

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X <i>Ann Feola</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: TIME: SIGNATURE: <i>P/S P. DWLAN</i> ID: 33744

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

WITNESS LIST

CASE NUMBER: 20-029767

ARRESTING OFFICER: INV. SCHNEIDER 8723

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, IN CAR VIDEO

NAME: DS P. Duncan 33744

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406 (District 14)

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (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: _____

SCANNED

JAN 24 2020

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BOUNTY, CLM # CASE NUMBER: 20-029767

DATE: 01/24/20 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 02:06 ENDING TIME: 02:17

BREATH TESTS RESULTS: 1) .132 TIME 02:11 A.M./P.M. 2) .125 TIME 02:14 A.M./P.M.
3) n/a TIME --- A.M./P.M. 4) n/a TIME --- A.M./P.M.

BREATH OPERATOR: P. Brown # 2900

MAINTENANCE TECHNICIAN: J. KAPLECKE # 2901

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred/low

ATTITUDE: calm/cooperative

CLOTHING: blue jeans, white shirt, brown shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eye

COMMENTS: Arrived at center at 02:06. He began the

20 minute sobriety test at 02:14. He

did not pass the test.

n/a

He stated he understood the need to

take the test.

He stated the test result.

He stated the sobriety test result.

n/a

SCANNED

JAN 24 2020

n/a

SUBJECT: Pen. 1201.01A CASE NUMBER: 20-027107

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) REHIS JAY CAMPBELL **SCANNED**

JAN 24 2020

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

SUBJECT: RENTON, DAN B CASE NUMBER: 20-029767

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: _____

SCANNED
JAN 24 2020

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SC
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 01/24/2020

Date of Last Agency Inspection: 01/17/2020
Observation Period Began: 01:44
Subject's Name: OLA B RENSTROM

DOB: 03/04/1984 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	02:10
	Air Blank	0.000	02:10
	Control Test	0.081	02:10
	Air Blank	0.000	02:11
	Subject Sample #1	0.132	02:11
	Air Blank	0.000	02:12
	Air Blank	0.000	02:14
	Subject Sample #2	0.125	02:14
	Air Blank	0.000	02:15
	Control Test	0.081	02:15
	Air Blank	0.000	02:16
	Diagnostics Check	OK	02:16

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I PARIS D POUND, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 01/24/20
Signature

Sworn to (or affirmed) before me this 24th day of JANUARY, 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida INV. D. SCHNEIDER

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 – 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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020002643	Date: 1/24/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
JAN 24 2020