

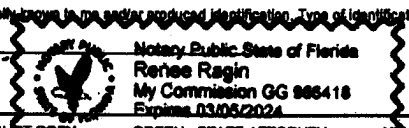
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ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

OBTS Number		1. Arrest		3. Request for Warrant		2. N.T.A.		4. Request for Capias		1		Juvenile									
Agency ORI Number FLO 500000			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-20-139230															
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized / Type		Multiple Clearance Indicator		1									
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		2		1. Yes 2. No													
Location of Arrest (Including Name of Business) WELLINGTON TRACE AND BIG BLUE WELLINGTON FL 33411						Location of Offense (Business Name, Address) WELLINGTON TRACE AND BIG BLUE TRACE #N/A, WELLINGTON FL 33411															
Date of Arrest 12/22/2020		Time of Arrest 0058		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle SISTER'S TOWING									
Name (Last, First, Middle) IORIO, PATRICIA												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 10/4/1991		Height 503		Weight 165		Eye Color BLU		Hair Color BRO		Complexion LIGHT		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT RIHT LEG												Marital Status S		Religion CATH		Indication of Alcohol Intoxication Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number) 1581 YACHTMAN PL, WELLINGTON FL 33414						Phone (561) 310 8959		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2													
Permanent Address (Street, Apt. Number) /						Phone ()		Address Source DEFENDANT													
Business Address (Name, Street) 13800 WELLINGTON TRACE WELLINGTON FL 33411						Phone ()		Occupation													
DL Number, State 1608698918640,		Soc. Sec. Number		INS Number		Place of Birth (City, State) ROCHESTER NY		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 <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. Notified / 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 held to keep the Juvenile Court Clerk (Phone 365-2526) 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. Barbiturals C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DUI WITH PROP DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)C1		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 20-139230		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, West Palm Beach, FL 33406 - Ph: (561) 688-4600																					
Court Date and Time Month JANUARY Day 14 Year 2021 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 12/22/2020									
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) DEC 22 AM 4:15																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Releated Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV E. K. WHITE		I.D. # 7209		(PRINT)													
Intake Deputy Dianne [Signature]		I.D. #		Pouch #		Transporting Officer INV E. K. WHITE		ID # 7209		Agency PRSO		Witness here if subject signed with an "X" 1 OF 1									

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0520357 1818

7:48

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-20-139230			
Charge Type: Check as many as apply.		Special Notes:					
<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							
Name (Last, First, Middle) IORIO, PATRICIA		Alias		Race W	Sex F	Date of Birth 10/4/1991	
Charge Description DUI WITH PROP DAMAGE		316.193(3)C1		Charge Description			
Charge Description		Charge Description					
Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth	
Local Address (Street, Apt. Number)		(City)		(State) (zip)		Phone	
Business Address (Name, Street)		(City)		(State) (zip)		Phone	
Address Source		Occupation					
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"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ 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.							
On the <u>21</u> day of <u>DECEMBER</u> 20 <u>20</u> at <u>2354</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)							
<p>On Tuesday, December 22, 2020 at approximately 0010 hours, I responded to Wellington Trace and Big Blue Trace, Wellington (Palm Beach County) Florida to assist Deputy G. Palmer ID# 25514 with a traffic crash that involved a possible drunk driver. Upon my arrival I noticed a black Mercedes resting behind a silver Honda in the southbound through lane facing south. A closer observation revealed severe front end damage to the Mercedes which caused its driver side airbag to deploy. The Honda incurred damage to its rear side. There was no evidence of braking by the striking vehicle. I made contact with D/S Palmer who was actively investigating the crash. He secured a sworn witness statement from the non fault driver who identified the defendant as the driver of the vehicle that struck hers. She wrote a sworn witness statement regarding this crash.</p> <p>I made contact with the driver who was currently standing on the sidewalk. She was later identified as Patricia V. Iorio by her Florida driver license. I noticed her eyes were red, watery and glossy. Her cheeks were flushed and her mouth dry. I could smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. She showed some difficulty in maintaining her balance as she stood. She had a brown pocket book draped over her shoulder. She was wearing a brown sweater, black shirt, short blue jean pants and black sneakers. I told her I was assisting the crash investigator with the crash that she was identified as the driver. Moreover, I told her I had completed my assistance with the crash investigation and would now be conducting a criminal investigation for DUI with property damage. I explained my suspicion was prompted by the previously mentioned indicators of impairment that she was exhibiting. I explained that I am required to advise her of her Constitutional Rights prior to speaking with her further. After reading her "rights" she acknowledged them. I asked if she would consent to an interview and she obliged. She told me she was visiting a friend where she drank one Yuengling beer. She said she drove her vehicle and hit another vehicle in the back. I saw small scratches to her arm and leg. Based on my suspicion I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She obliged. Prior to her performance I asked if she had any physical problems with her body that would inhibit her from performing light physical exercises. I also asked if she was taking medication. She told me she neither had anything wrong with her physically, nor was she taking medication.</p>							
STATE OF FLORIDA COUNTY OF PALM BEACH		INV E. K. WHITE					
(Signature of Arresting Investigative Officer)							
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22</u> day of <u>DECEMBER</u> 20 <u>20</u> by <u>INV E. K. WHITE</u> (Print name of Arresting Investigative Officer), who is personally known to me and/or produced Identification. Type of identification produced <u>KNOWN</u>							
Notary Public, Clerk of Court, Florida (F.S.S. 117.10)						PAGE 1 OF 2	

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-20-139230

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): IORIO, PATRICIA Race: W Sex: F Date of Birth: 10/4/1991

Charge Description: DUI WITH PROP DAMAGE 316.193(3)C1

Victim's Name (Last, First, Middle):

Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source

Business Address (Name, Street) (City) (State) (zip) Phone Occupation

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. [] confessed to admitting to the below facts. [] was observed by who told that he/she saw the arrested person commit the below acts. [x] was found to have committed the below acts, resulting from my (described) investigation. On the 21 day of DECEMBER 20 20 at 2354 [] A.M. [x] P.M.

I escorted her to a level surface that was smooth and free from obstructions and debris. This area was well lighted by my headlights and ambient lighting in the area. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing her left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the non fault driver identifying the defendant as the driver of the vehicle that hit hers and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for the previously mentioned charge. I told the defendant she was being placed under lawful arrest for DUI. Deputy Karyl Miller searched the defendant prior to me handcuffing her, double locking them and checking them for proper fit. The defendant permitted her mother to take custody of her personal effects. I sat her in the rear of my patrol car afterward. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Sister's Towing responded and impounded the defendant's vehicle and towed it to their impound lot. I transported the defendant to Wellington Regional Hospital for medical clearance. We arrived at 0114 hours. She was cleared at 0231 hours. I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining her alcohol content. She consented. The defendant gave two (2) adequate breath samples that rendered results of .202 and .203. I asked if she remembered her "rights" being read to her at the crash scene. She told me she did remember her "rights". I asked if we could continue the interview with Q&A. She obliged. The defendant was cited for careless driving by the crash investigator. She was booked into the main jail on the charge of DUI with property damage.

STATE OF FLORIDA COUNTY OF PALM BEACH INV E. K. WHITE (Signature of Arresting Investigator)

The foregoing instrument was sworn to, affirmed and subscribed before me this 22 day of DECEMBER 20 20 by INV E. K. WHITE (Print name of Arresting Investigator)

Notary Public State of Florida RENEE RAGIN My Commission GG 908418 Expires 03/05/2024

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF DECEMBER 2020 AT 2354 AM PM

SUBJECT: IORIO, PATRICIA, CASE NUMBER: 20-139230

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

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:

POST MIRANDA ADMITTED TO DRINKING AT A FRIEND'S HOUSE AND DRIVING HER VEHICLE

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: NORMAL

ATTITUDE: COOPERATIVE, EMOTIONAL

CLOTHING: SHORT BLUE JEANS AND BLACK SHIRT BLACK SHOES

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of DECEMBER 2020 by INV E. K. WHITE

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

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



SUBJECT: IORIO, PATRICIA,

CASE NUMBER 20-139230

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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain her balance while placed in the instructional position. She swayed and abandoned the position on one occasion. During the task she failed to touch heel to toe, she stepped off the line, she took an incorrect number of steps, she turned improperly and lost balance

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject could not keep her balance and dropped her foot on the pavement. She did not look at her elevated foot as instructed

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. She did not touch the tip of her finger to the tip of her nose on all six attempts, rather she touched the sides of her nose and did not make contact with his nose on one occasion. On the counter request she began raising the wrong hand once.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed but recited the alphabet correctly.

BREATH TEST RESULTS: 1) .202 2) .203 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

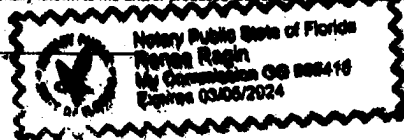
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of DECEMBER 2020 by INV E. K. WHITE

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

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



WITNESS LIST

CASE NUMBER: 20-139230

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: D/S G. PALMER

ADDRESS: DIST 8

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

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: JULIANNA DISALVO

ADDRESS 1922 GRAHAM CT WELLINGTON FL 33414

PHONE NUMBERS (HOME) 561 629 6886 (WORK) _____

CAN TESTIFY TO: SEEING THE DEFENDANT IN THE DRIVER SEAT OF THE CAR THAT STRUCK HERS

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: _____

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CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT:
CASE NUMBER:
DATE:
VIDEO DVD NUMBER:
BEGINNING TIME:
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:

MAINTENANCE TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes are red
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:50 hrs.
Subject agreed to perform breath test.
Tech read breath test results.
Subject stated understood breath test results.
A/O read rights on scene.
Subject stated understood rights.
A/O conducted Q&A
Subject answered Q&A.

SUBJECT:

Lopez Patricia

CASE NUMBER:

30-139230

WRITTEN CONSENT FOR DUE IN A MOTOR VEHICLE

... TO THE TYPE OF TEST ...

... of your BREATH for the purpose of determining ...

OR

... of your URINE for the purpose of determining ...

OR

... of your BLOOD for the purpose of determining ...

... OF YOUR COMMUNICATIONS

of the

I have read this document and understand its contents. I have signed this document voluntarily and without any threats or promises. I understand that I am waiving my rights and that I am doing so knowingly and intelligently. I have been advised of my rights and I understand them. I have signed this document of my own free will and without any coercion, threats, or promises. I understand that I am waiving my rights and that I am doing so knowingly and intelligently. I have been advised of my rights and I understand them.

CONSTITUTIONAL WARNING

YOU ARE NOT REQUIRED TO ANSWER ANY QUESTIONS AND ANY STATEMENTS YOU MAKE CAN BE USED AGAINST YOU IN COURT.

- 1. You have the right to remain silent. If you give up, anything you say can be used against you in court.
- 2. Any statement you make can be used against you in court.
- 3. You have the right to stop answering questions at any time. You will still have to answer any questions you are stopped for.

... in the presence of a court appointed lawyer. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford one. You have the right to stop answering questions at any time. You will still have to answer any questions you are stopped for. You have the right to stop answering questions at any time. You will still have to answer any questions you are stopped for.

Read on

DRIVER'S SIGNATURE

Patricia Lopez

10110

CASE NUMBER: 20-1392

QUESTIONS AND ANSWERS

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THESE THINGS IN MIND YOU ARE AT THE SCENE OF THE ACCIDENT AT THE HOME OF THE STRUCK PERSON.

WHERE WERE YOU GOING? House

WHAT TIME WERE YOU GOING? 10:00

WHERE WERE YOU GOING TO? My friend's house (Apt)

HOW LONG HAS THIS BEEN YOUR HOME? 3 yrs

WHAT TIME OF THE WEEK IS IT? Monday

WHAT TIME OF THE WEEK IS IT? Monday

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Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2020029911	Date: 12/22/2020
	Specialist Name/ID: T Howard/7185