

J# 0522085

21CT 4317

P# 3619

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 21-003516</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE		
DEF END ANT	Charge Type: Check as many as apply		Location of Arrest (Including Name of Business) <b>3859 W ATLANTIC AVE DELRAY BEACH, FL 334</b>		Location of Offense (Business Name, Address) <b>5200 W ATLANTIC AVE, DELRAY BEACH, FL 33484</b>		Multiple Clearance Indicator <b>1</b>					
	<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						If Weapon Seized Enter Type <b>None/not Applicable</b>					
JUV ENI LE	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	<b>03/17/2021</b>	<b>21:05</b>	<b>03/17/2021</b>	<b>21:15</b>	<b>03/18/2021</b>	<b>01:11</b>	<b>5200 W ATLANTIC AVE</b>					
CO DE F	Name (Last, First, Middle) <b>ENGLERT, PATRICIA PAULINE</b>			Alias:			Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>12/29/1943</b>	Height <b>5'01</b>	Weight <b>180</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLOND OR</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>			
CO DE F	Local Address (Street, Apt. Number) <b>14811 BARLETTA WAY, DELRAY BEACH, FL 33446</b>		(City)	(State)	(Zip)	Phone <b>(561) 221-7484</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State		<b>2</b>			
	Permanent Address (Street, Apt. Number) <b>14811 BARLETTA WAY, DELRAY BEACH, FL 33446</b>		(City)	(State)	(Zip)	Phone <b>(561) 221-7484</b>	Address Source <b>FL DL</b>					
CO DE F	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation					
	D/L Number, State <b>E524695439690 / FL</b>		Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>CHICAGO, IL, United</b>	Citizenship <b>US</b>					
CO DE F	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						
CO DE F	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone		Business Phone		
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
CO DE F	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.		School Attended		Grade							
CO DE F	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
	Drug Activity N/N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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
CH AR GE	Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>		Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
CH AR GE	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
CH AR GE	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
IN TA KE	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
	Check which applies:		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail PROPERTY - Received By		Released By		Released To			
NO TI CE TO AP PE AR	Transported By		Date Transported	Time Transported	Other							
	<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>		Court Date and Time <b>04/15/2021 08:30:00</b>							
AD MI NIST RATI ON	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							
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Susceptible <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)					
AD MI NIST RATI ON	Name of Arresting Officer (Print) <b>WINDSOR, NICHOLAS</b>		I.D. # <b>1029</b>		Name Verification (Printed by Arrestee)		(PRINT)					
	Transporting Officer <b>WINDSOR</b>		I.D. # <b>1029</b>		Agency <b>DBPD</b>		Witness here if subject signed with an "X".				PAGE <b>1 OF 1</b>	

COURT 
  STATE ATTORNEY 
  AGENCY 
  CENTRAL RECORDS 
  JAIL 
  CRIME ANALYSIS 
  P.I.O. 
  DEFENDANT

**SCANNED**  
**MAR 18 2021**

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17TH DAY OF MARCH 20 21 AT 2007  AM  PM  
SUBJECT: ENGLERT, PATRICIA PAULINE CASE NUMBER: 21-003516  
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

## PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 03/17/21 at 2007hrs I was traveling westbound in the 2400 block of W. Atlantic Ave. I observed a white 2018 BMW X1 traveling in the center westbound lane of W. Atlantic Ave. The BMW failed to drive within the center travel and entered the inside and outside travel lanes. The BMW swerved back and forth attempting to stay inside the center travel lane. There was another vehicle directly in front of the BMW and the BMW was within 2 feet of the vehicle's rear bumper. I activated my emergency lights and siren of my marked DBPD patrol vehicle to conduct a traffic stop in the 5100 block of W. Atlantic Ave. The BMW did not stop and continued west. The BMW switched lanes to the outside travel lane while approaching Sims Rd. The BMW passed Sims Rd. and continued west failing to stop. The BMW switched lanes to the center travel lane and continue westbound. The BMW switched travel lanes to the outside travel lane and pulled into the parking lot located at 5859 W. Atlantic Ave. The BMW failed to yield my emergency lights and siren for one mile before stopping. I met with the white female driver and identified her by her FL DL as Patricia Pauline Englert. Englert was sitting in the driver seat and there was nobody else inside the BMW. The BMW's engine was running and Englert was in possession of the vehicle key fob.

### OBSERVATION OF DRIVER:

I immediately smelled a strong odor of an unknown alcoholic beverage coming from Englert. Englert's eyes were red and had a glassy appearance. Englert's speech was slurred while she was speaking. Englert was unsteady and stumbling while standing under her own power. Englert's pupils were dilated and had a slow reaction to changes in light.

### DRIVER'S STATEMENTS:

Englert stated she arrived at Tim Finnegans Irish Pub (2885 S Federal Hwy, Delray Beach, FL 33483) around 1800hrs for dinner. Englert stated she consumed two glasses of wine between 1800hrs and 1930hrs. Englert stated she is prescribed pain medication and thyroid medications. Englert stated she last took medication at 1200hrs. Englert denied taking any illegal drugs prior to driving. Englert stated she was on her way home when I stopped her. When I questioned Englert on why she did not stop when I turned on my emergency lights and siren, Englert replied she did not know I was attempting to stop her.

### ODORS:

I smelled a strong odor of an unknown alcoholic beverage coming from her person.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Became Uncooperative While I Conducted a DUI Investigation.

CLOTHING: Black Shirt, Black Pants and Black Shoes

MEDICAL/OTHER: [Signature]

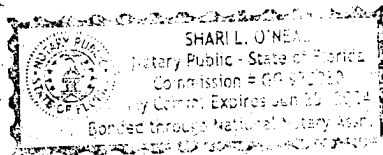
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of March 20 21 by Ofc. Windsor #1029

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

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



SCANNED  
MAR 18 2021

SUBJECT: ENGLERT, PATRICIA PAULINE CASE NUMBER 21-003516

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:

ROADSIDES REFUSED

WALK & TURN:

ROADSIDES REFUSED

ONE LEG STAND:

ROADSIDES REFUSED

FINGER TO NOSE:

ROADSIDES REFUSED

ROMBERG ALPHABET:

ROADSIDES REFUSED

BREATH TEST RESULTS: 1) .130 | 2) .131 | 3) | 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*

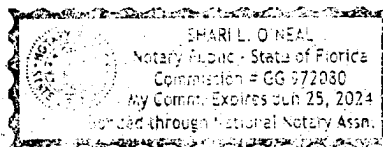
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of March 2021 by Ofc. Windsor #1029

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

*[Signature]*

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



SCANNED  
MAR 18 2021

SUBJECT: ENLERT, PATRICIA P. CASE NUMBER: DYPD 110516

**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) REID ON CAMERON

**SCANNED**

SUBJECT: ENGLERT, PATRICIA P. CASE NUMBER: DBPD 1117-116

### 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: OFC WINDSOR #10271 DBPD

**SCANNED**  
MAR 18 2021

# WITNESS LIST

CASE NUMBER: DBPD #21-003516

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP AND DUI PC

NAME: OFC. CUSSON #1199 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: BACKUP OFFICER

NAME: SUSAN, DIANE, WELLS

ADDRESS: 7076 HUNTINGTON LN APT 501 DELRAY BEACH, FL 33446

PHONE NUMBERS (HOME) 561-523-1865 (WORK) \_\_\_\_\_

CAN TESTIFY TO: POSSESSION OF BMW AFTER ARREST

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**  
**MAR 18 2021**

# TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. WINDSOR # 1029

SUBJECT: ENGLERT, PATRICIA P.

CASE NUMBER: 21-045977

DATE: 03-17-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2219 HRS

ENDING TIME: 2235 HRS

BREATH TESTS RESULTS: 1) .130 TIME 2226 A.M.  P.M.  2) .131 TIME 2229 A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, COOPERATIVE, TALKATIVE, REPETITIVE

CLOTHING: SHIRT- BLACK PANTS- BLACK

MEDICAL CONDITIONS: SEVERAL MEDICAL PROBLEMS / ALLERGIC TO PENICILIN HEARING ISSUES

MEDICATIONS: SEVERAL MEDS.

### OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

### COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WINDSOR #1029  
A/O REQUESTED THE BREATH TEST.  
D SUBMITTED TO THE BREATH REQUEST.  
D COMPLETED THE TEST CORRECTLY.  
EXPLAINED THE BREATH RESULTS TO THE D.  
C/W READ ON CAMERA.  
D REFUSED THE Q&A.

SCANNED  
MAR 18 2021



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

PBSO CASE # 21-045977 PBSO ZONE 4-12

AGENCY CASE # 21-003516 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2007 DATE 03/17/21 DAY WEDNESDAY

SUBJECT'S NAME ENGLERT, PATRICIA PAULINE RACE W SEX F

HGT 5'01" WGT 180 DOB 12/29/1943

LOCATION 5200 BLOCK W ATLANTIC AVE DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2155

ARREST TIME 2105

BREATH RESULTS:

1) .130

2) .131

3) \_\_\_\_\_

4) \_\_\_\_\_

TESTING OFFICER'S ID 16212 PBSO VIDEOTAPE # 1

NOT A CERTIFIED COPY

**SCANNED**  
MAR 18 2021

**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: 80-006240 Software: 8100.27  
Date of Test: 03/17/2021

Date of Last Agency Inspection: 03/12/2021  
Observation Period Began: 21:55  
Subject's Name: PATRICIA PAULINE ENGLERT

DOB: 12/29/1943 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		22:24
Air Blank	0.000	22:25
Control Test	0.080	22:25
Air Blank	0.000	22:25
Subject Sample #1	0.130	22:26
Air Blank	0.000	22:27
Air Blank	0.000	22:29
Subject Sample #2	0.131	22:29
Air Blank	0.000	22:30
Control Test	0.079	22:30
Air Blank	0.000	22:31
Diagnostics Check OK		22:31

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: S. O'neal Date: 03-17-21  
Signature

Sworn to (or affirmed) before me this 17 day of March, 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida OFC. Windsor #1029

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.

SCANNED  
MAR 18 2021



**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: 2021006579	Date: 3/18/2021
	Specialist Name/ID: J. Beck/9007

**SCANNED**  
**MAR 18 2021**