

ARREST / NOTICE TO APPEAR Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78- 21003069	
	Charge Type: Check as many as apply. <input checked="" 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		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) PGA BLVD/LEGACY AVE				Location of Offense (Business Name, Address) PGA BLVD/LEGACY AVE			
	Date of Arrest 07/15/2021	Time of Arrest 09:03	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
DEFENDANT	Name (Last, First, Middle) STOUT, SARAH, RUTH				Alias (Name, DOB, Soc. Sec. #, Etc.) N/A			
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 04-10-1964	Height 5'04	Weight 95	Eye Color GRY	Hair Color BLND	Complexion lite
	Build Small				Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 3233 32nd CT Jupiter, FL, 33477				Phone (630) 352-9891			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 3233 32nd CT, Jupiter, FL, 33477				Address Source NCIC			
	Business Address (Name, Street) (City) (State) (Zip) N/A				Occupation UNK			
	D/L Number, State S330796646300 FL				INS Number			
	Place of Birth (City, State) Evinston, IL				Citizenship USA			
	Co-Defendant Name (Last, First, Middle) N/A				Race Sex Date of Birth N/A			
	Co-Defendant Name (Last, First, Middle) N/A				Race Sex Date of Birth N/A			
CODE-DEF	Parent Legal Custodian Other: <input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian Other: ()				Residence Phone ()			
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone ()			
	Notified by: (Name)				Date Time			
	Released To: (Name)				Relationship			
	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			
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property			
	Value of Property							
	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown P. Possess T. Traffic D. Deliver E. Use A. Amphetamine C. Cocaine M. Marijuana S. Synthetics							
	Charge Description DUI Normal Faculties Impaired				Counts Domestic Violence 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Statute Violation Number 316.193 (1) (A)				Violation of ORD #			
CHARGE	Drug Activity Drug Type Amount / Unit Offense # N/A N/A N/A				Warrant / Capias Number Bond			
	Charge Description DAMAGE TO PERSON/PROPERTY				Counts Domestic Violence 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Statute Violation Number 316.193 (3)(C)(1)				Violation of ORD #			
	Drug Activity Drug Type Amount / Unit Offense # N/A N/A N/A				Warrant / Capias Number Bond			
	Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL MARIJUANA)				Counts Domestic Violence 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Statute Violation Number 893.13(6)(A)				Violation of ORD #			
	Drug Activity Drug Type Amount / Unit Offense # P Z 1 PILL				Warrant / Capias Number Bond			
	Charge Description				Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Statute Violation Number				Violation of ORD #			
	Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number Bond			
NOTICE TO APPEAR	Location (Court Name, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700							
	Court Date and Time Month 08 Day 18 Year 2021 Time 10:00 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) 07/15/2021				Date Signed			
	Signature of Arresting Officer P. PAQUETTE				Name Verification (Print Name) SCANNED			
ADMIN	Name: P. PAQUETTE				I.D. # 526			
	Transporting Officer OFC. J. PAQUETTE				Witness here if subject signed with an "X"			
	Pouch #				OF 1			
	DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)							
	#0 524625				#242			



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

PBSO CASE # 21-085927 PBSO ZONE 3-13

AGENCY CASE # 21003069 CRASH CASE # 21003069

TIME OF STOP/CRASH 0900 DATE 07/15/2021 DAY THURSDAY

SUBJECT'S NAME STOUT SARAH RUTH RACE W SEX F
LAST FIRST MID

HGT 5'04 WGT 145 DOB 04-10-1964

LOCATION PGA BLVD/LEGACY AVE

ARRESTING OFFICER'S NAME & ID Ofc. Jason Paquette 56 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 1025

ARREST TIME 0943

BREATH RESULTS:

- 1) .000
- 2) .000
- 3) -N/A
- 4) -N/A

Urine

BREATH TEST OPERATOR: 19183

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number

Agency Name

Agency Report Number

FL 0502600

Palm Beach Gardens Police Department

7 8 21-003069

Charge Type:
Check as many
as apply.

☒ 1. Felony

☐ 3. Misdemeanor

☐ 5. Ordinance

☐ 2. Traffic Felony

☒ 4. Traffic Misdemeanor

☐ 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

STOUT, SARAH RUTH

W

F

04/10/1964

Charge Description

893.13(7)(A)(1) DRUGS - DISTRIBUTE/DISPENSE CONTROLLED

Charge Description

316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED

Charge Description

316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY

Charge Description

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody...

☐ committed the below acts in my presence.

☐ was observed by _____

who told

☐ confessed to _____

admitting to the below facts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 15 day of July 2021 at 13:23 (Specifically include facts constituting cause for arrest.)

On 07/15/2021 at 0900HRS This officer responded to the area of PGA Blvd and Legacy Ave, Palm Beach Gardens FL, 33410 in reference to a motor vehicle crash.

Upon arrival, I was briefed by Officer Warmington of his findings (see Officer Warmington's supplemental report for further).

Upon receiving the information from Officer Warmington, I observed a white female subject with a white tank top style shirt seated in the driver's seat of a white in color Subaru utility vehicle. I also observed a white in color dog seated on the driver's lap. The vehicle suffered a moderate amount of damage.

Upon making contact with the subject that was later properly identified as Sarah Ruth Stout, upon speaking with Stout in reference to the vehicle crash, I observed that Stout's speech was extremely slurred, and she was very unsteady on her feet. I was also informed by Officer Warmington that upon his first contact with Stout, Stout handed him her library card instead of her driver's license. Stout stated several times that she lost her child a year ago. I also observed that Stout's vehicle was running at the time of my contact.

Stout appeared to be under the influence.

Upon completion of the civil crash investigation, I advised Stout that I was switching from a civil traffic crash investigation to a criminal investigation (switching of the hats) of DUI.

I asked Stout if she would be willing to participate by performing the standard field sobriety tasks (SFST) to which she stated yes after a debate of me taking her to jail either way.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

Notary Public State of Florida

My Commission GG 200028

Expires 03/25/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PAQUETTE, JASON (526)

NAME OF OFFICER (PLEASE PRINT)

07/15/21

DATE

07/15/2021

DATE

PAGE

1 of 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
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Agency ORI Number

Agency Name

Agency Report Number

FL 0502600

Palm Beach Gardens Police Department

7 8 21-003069

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Check as many
as apply.

☒ 1. Felony

☐ 3. Misdemeanor

☐ 5. Ordinance

☐ 2. Traffic Felony

☒ 4. Traffic Misdemeanor

☐ 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

STOUT, SARAH RUTH

W

F

04/10/1964

Horizontal Gaze Nystagmus:

Upon instructing Stout on how preform this task, she stated she understood the instructions provided.

I checked for equal tracking, pupil size and resting nystagmus. I observed the following indicators of impairment.

I observed that Stout could not follow my stimulus with her eyes only. Stout consistently moved her head in a side to side motion while following the stimulus. I observed Stout had a lack of smooth pursuit in both right and left eyes.

Distinct and sustained nystagmus at maximum deviation in both right and left eyes.

Onset of nystagmus prior to 45 degrees in both right and left eyes.

I observed 5 out of 5 possible indicators of impairment.

Walk and Turn:

Upon instructing Stout on how to perform this task, she stated she understood the instructions provided.

While instructing Stout, I observed that she was very unsteady on her feet swaying in a back-froth and side to side motion and had a hard time keeping her balance. Stout missed heel to toe 4 times of the initial 9 steps and 6 times on the return. Stout stepped off the line 4 times on the initial 9 steps and 3 times on the return. Stout did raise her arms over six (6) inches from the side of her body to steady herself at times. After the initial 9 steps, Stout made an improper turn even though being instructed properly. Stout was unable to complete the task. I observed 5 out of 8 indicators of impairment.

One Leg Stand:

Upon instructing Stout on how to perform this task, she stated she was very shaky. I offered Stout the opportunity to do a seated exam to which she stated she would rather do the seated exam.

Finger to Nose:

Upon instructing Stout on how to perform this task, she stated she understood the instructions provided.

I observed the following indicators of impairment:

Stout failed to return her arms to her sides on every call.

Stout failed to touch the tip of her finger to the tip of her nose on every call. On the first call, Stout placed her index finger on her forehead.

Stout was unable to perform this exercise.

I observed 2 out of 4 indicators of impairment.

Upon Stout completing the SFST's and based on the totality of the incident and all evidence observed, I was able to establish probable cause to place Stout under arrest for violation of FSS. 316.193 (1) (A) DUI normal faculties impaired, FSS.316.193

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 10)

Notary Public State of Florida
Paris Pound
My Commission GG 200628
Expires 03/25/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PAQUETTE, JASON (526)

NAME OF OFFICER (PLEASE PRINT)

DATE

07/15/2021

DATE

PAGE

2 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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JUVENILE

Agency ORI Number

Agency Name

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FL 0502600

Palm Beach Gardens Police Department

7 8 21-003069

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Check as many
as apply.

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☐ 2. Traffic Felony
☐ 3. Misdemeanor
☒ 4. Traffic Misdemeanor
☐ 5. Ordinance
☐ 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

STOUT, SARAH RUTH

W

F

04/10/1964

(3) (C) (1) DUI - DAMAGE TO PERSON/PROPERTY.

While conducting an inventory of Stouts vehicle, I located a small white pill stamped with EP/905 (1) within an orange in color pill bottle. The pill bottle was not for the medication that was found within. I was able to properly identify the pill as Lorazepam 1Mg according to Drugs.com.

Upon this discovery I found additional probable cause to place Stout under arrest for violation of FSS. 893.13(6) (A) Possession of a controlled substance without a prescription.

Stout was transported to the Palm Beach County Breath Alcohol testing facility and then to JFK Midtown Medical Center for proper medical clearance due to the vehicle accident. Upon receiving medical clearance, Stout was transported back to the Palm Beach County Jail.

Breath samples as follows:

Subject sample #1 0.000 per g/210L of breath at 1051hrs.

Subject sample #2 0.000 per g/210L of breath at 1054hrs.

Upon receiving the breath sample from Stout, I then requested a urine sample from Stout at 1058AM to which she stated she would provide a sample. Urine sample was collected at 11:17 Hrs.

Upon completion of the breath test, Urine sample and DRE evaluation, Stout was turned over to the Palm Beach County Jail staff for processing.

Stout received the following DUI citation:

Citation# A56HKJE - FSS. 316.193(1) (A) DUI normal faculties impaired.

Citation# - FSS. 316.193 (3) (C) (1) Dui damage person or property.

Stout's vehicle was removed from the scene by Kauff's towing.

All appropriate paperwork was completed and filed accordingly.

My agency issued body worn camera captured this investigation.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER F.S. 119

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

PAQUETTE, JASON (526)
NAME OF OFFICER (PLEASE PRINT)

DATE

07/15/2021

DATE

PAGE

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COURT

STATE ATTORNEY

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CRIME ANALYSIS

P.I.O.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31 DAY OF AUG 20 20 AT 0900 ☒ AM ☐ PM

SUBJECT: STOUT, SARAH, RUTH CASE NUMBER: 21003069

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: _____ 526

PERSONAL CONTACT

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

OBSERVATION OF DRIVER:

Driver was observed in the driver's seat behind the steering wheel. Driver was observed exhibiting extremely slurred speech, repeated herself several times throughout the conversation. Once the driver exited the vehicle I observed she was very unsteady on her feet.

DRIVER'S STATEMENTS:

Driver stated she lost her child one year ago and that she does not drink.

ODORS:

None observed

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: argumentative at times

CLOTHING: Neat and apparently clean

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

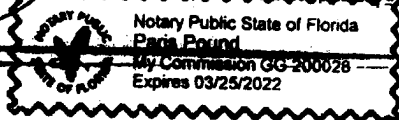
P/G
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JULY 2021 by _____

Print name of Arresting/Investigative Officer, who is personally known to me and who is a peace officer or a law enforcement officer.

Personally Known

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



SUBJECT: **STOUT, SARAH, RUTH**

CASE NUMBER **21003069**

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:

Very unsteady on her feet.

WALK & TURN:

Upon instructing Stout on how to perform this task, she stated she understood the instructions provided. While instructing Stout, I observed that she was very unsteady on her feet swaying in a back-froth and side to side motion and had a hard time keeping her balance. Stout missed heel to toe 4 times of the initial 9 steps and 6 times on the return. Stout stepped off the line 4 times on the initial 9 steps and 3 times on the return. Stout did raise her arms over six (6) inches from the side of her body to steady herself at times. After the initial 9 steps, Stout made an improper turn even though being instructed properly. Stout was unable to complete the task. I observed 5 out of 8 indicators of impairment.

ONE LEG STAND:

N/A

ROMBERG ALPHABET:

N/A

FINGER TO NOSE:

Upon instructing Stout on how to perform this task, she stated she understood the instructions provided.
I observed the following indicators of impairment:
Stout failed to touch her nose to her index on every call.
Stout failed to touch the tip of her finger to the tip of her nose on every call. On the first call, Stout placed her index finger on her forehead.
Stout was unable to perform this exercise.
I observed 2 out of 4 indicators of impairment.

BREATH TEST RESULTS:

1) 0.000 2) 0.000 3) N/A 4) N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

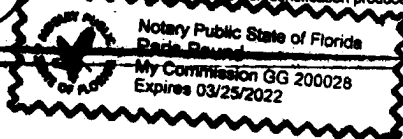
[Signature]
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JULY, 2021 by _____

Print name of Arresting/Investigative Officer, who is personally known to me and identification type of identification produced _____

Personally Known

Notary Public, Clerk of Court, Officer (F.S.S. 17.10)



WITNESS LIST

CASE NUMBER: **21003069**

ARRESTING OFFICER: _____

ADDRESS: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

PHONE NUMBERS (HOME): _____ N/A

(WORK) **(561) 799-4445**

CAN TESTIFY TO: **Facts of Case**

NAME: **S. Warmington**

ADDRESS: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

PHONE NUMBERS (HOME): _____ N/A

(WORK) **(561) 799-4445**

CAN TESTIFY TO: **Facts of case**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

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(WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Stout, Sarah R

CASE NUMBER: 21-085927

DATE: Jul 15, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 1047

ENDING TIME: 1108

BREATH TESTS RESULTS: 1) .000 TIME 1051 A.M. ☒ P.M. ☐ 2) .000 TIME 1054 A.M. ☒ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thcik

ATTITUDE: repetitive, crying, upset, fidgety

CLOTHING: blue jeans, white tank top, no shoes (socks)

MEDICAL CONDITIONS: depression, anxiety, sleep issues

MEDICATIONS: Zoloft, Ativan, Firocet w/ codiene, 1 other pill name unknown

OTHER:
eyes are glassy

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 1025 hrs
subject agreed to perform breath test
tech read breath test results & subject understood breath test results
A/O requested urine sample @ 1057
subject agreed to provide urine sample @ 1057
A/O read I/C & subject understood I/C
subject agreed to provide urine sample @ 1058
A/O read rights & subject understood rights
A/O conducted Q&A
subject answered questions
subject provided urine sample @ 1117

SUBJECT: Start, Sarah R CASE NUMBER: 21-003069

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? YES

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? PGA

DIRECTION OF TRAVEL? DOWN WHERE DID YOU START? PALM BEACH AIRPORT

WHAT TIME DID YOU START? 0825 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? JUNE 14, 2021 WHAT DAY OF THE WEEK IS IT? THURSDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PALM BEACH COUNTY, WEST PALM BEACH

WHEN DID YOU LAST EAT? YESTERDAY MORNING WHAT DID YOU EAT? EGG / BANANA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? CRYING

HOW MUCH DO YOU WEIGH? 25 HAVE YOU BEEN DRINKING? NO 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? NO HOW MUCH? N/A

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? TEACHER RETIRED WHEN DID YOU LAST WORK? 5 YEARS AGO

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? N/A

ARE YOU SICK OR INJURED? NO/YES WHAT'S WRONG? EMOTIONALLY

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? YES

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? ZOLOFT, ADRIAN, PIRICET WHEN? 4 AM

DO YOU HAVE:

EPILEPSY?	<u>NO</u>	
GLASS EYE?	<u>NO</u>	
FALSE TEETH?	<u>NO</u>	
EAR INFECTION?	<u>YES</u>	
INNER EAR TROUBLE?	<u>YES</u>	
DIABETES?	<u>NO</u>	

CAFF/CODINE BUTRAN

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? GLAUCOMA

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? IL WHERE? YES IL

INTERVIEWER: N/A

SUBJECT: Stout, Sarah R CASE NUMBER: _____

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 Ofc J Paquette #526 of the PBG

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) Read on camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

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: 80-006238 Software: 8100.27
Date of Test: 07/15/2021

Date of Last Agency Inspection: 06/11/2021
Observation Period Began: 10:25
Subject's Name: SARAH R STOUT

DOB: 04/10/1964 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	10:50
Air Blank	0.000	10:50
Control Test	0.081	10:50
Air Blank	0.000	10:51
Subject Sample #1	0.000	10:51
Air Blank	0.000	10:52
Air Blank	0.000	10:54
Subject Sample #2	0.000	10:54
Air Blank	0.000	10:55
Control Test	0.080	10:55
Air Blank	0.000	10:56
Diagnostics Check	OK	10:56

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 THOMAS H LEAHY, 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: T Leahy

Signature

Date: 07/15/21

Sworn to (or affirmed) before me this 15 day of July, 2021

PA 526 TRF
Signature of Notary Public-State of Florida

OR T Paquette #526
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. ~~to be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.~~



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
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: 2021017529	Date: 7/16/2021
	Specialist Name/ID: T Howard/7185