

Arrest Report

20CT15370 SB

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 11/29/2020 02:55 AM	Report Number FHP99ARR832291	Case Number/Cad Number FHPL20OFF068276 / LWRC20CAD183425	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 11/29/2020 02:37:59 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description ROADWAY
Street Number SR-9	Street NB CONGRESS AVE	Apt/Lot/Bldg BOCA RATON
City BOCA RATON	State FL	Zip Code 33487

Defendant

First Name SHENELL	Middle Name SHACKARA	Last Name CROOKS	Suffix	Race BLACK	Sex FEMALE	Height 509	Weight 110	Hair BLK	Eyes BRO
MNI #	SSN	Date of Birth 11/19/1991	Age 29	ID Type E	Drivers License or other ID C620797919190	State FL	OCA / Agency ID		
Place of Birth:		JAMAICA FF JAMAICA							
Address * RESIDENCE / 1030 AUDACE AVE APT 315 , BOYNTON BEACH, FL 33426 /									

Arrest

Arrest Date/Time 11/29/2020 2:46:55 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description ROADWAY
Street Number SR-9	Street NB CONGRESS AVE	Apt/Lot/Bldg PALM BEACH
County PALM BEACH	City BOCA RATON	State FL
Zip Code 33487		

Charge : S

Counts 1	Charge 316.193.1a	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI INFLUENCE OF ALCOHOL OR DRUGS			

Bond Set by Court

Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

Probable Cause

On November 29, 2020 I was on routine patrol in my marked patrol car in Palm Beach County. I was traveling northbound on I-95 (State Road 9) from Glades Road. I observed a grey vehicle that was traveling northbound in the left lane at a

Arrest Report

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SCANNED
NOV 30 2020

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2/04

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high rate of speed. I then proceeded to get behind the vehicle and obtained a pace clock of 120mph in a 65 mph zone. I then activated my emergency lights and sirens to conduct a traffic stop on the vehicle. The vehicle then stopped in the roadway in the left lane. I then had the driver move to the right shoulder of the roadway. I approached the vehicle and observed that the driver was the sole occupant of the vehicle. The driver stated that she was coming from Ft. Lauderdale and that she was going home in Boynton. She also stated that she was drinking earlier. As she talked, I observed that she had bloodshot glassy eyes, slurred speech and the odor of an unknown alcoholic beverage was emitting from her breath as she talked. I then had her step out of the vehicle and stand in front of my patrol car. As she stood there and talked, I observed again that she had blood shot glassy eyes, slurred speech and the odor of an unknown alcoholic beverage was emitting from her breath as she talked. I then requested that she conduct field sobriety exercises and she refused. Taylor warning was then given, and she stated that she understood and that she does not want to do the exercises. She was then placed under arrest for DUI and transported to the county jail.

Once I arrived at the county jail, I conducted a 20-minute observation. At no time did she regurgitate or take anything by mouth. I then requested that she provide a lawful sample of her breath and she agreed. She attempted to provide a sample but was unable and provided a Volume not Met at .075. She then provided a sample of .081 and .083. She was then booked into the Palm Beach County Jail.

The above incident occurred in Palm Beach County.

Jail Booking Facility

Booking Date/Time 11/29/2020 02:59 AM	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406		Booking Number	
Booking Comments			

Court

Court County PALM BEACH	Court Location 200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444
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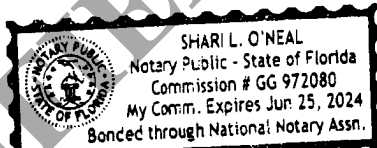
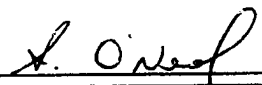
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Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Appearance Date / Time 12/28/2020 830 AM	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
Z. TODD TPR 4141	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPLLWRCIPALM BEACHISR804 JSOF SR702

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name Z. TODD	Office Rank TPR	Officer ID No 4141	Sworn and subscribed before me, the undersigned authority This the <u>29</u> day of <u>November</u> , <u>2020</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL	Officer Signature 		 

No Bill / Petition
 Issue Warrant
 Prosecution Approved

Signature of Assistant State Attorney

Date

NOT A CERTIFICATE

**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: 11/29/2020

Date of Last Agency Inspection: 11/13/2020
Observation Period Began: 04:05
Subject's Name: SHENELL C CROOKS

DOB: 11/19/1991 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	04:31
	Air Blank	0.000	04:31
	Control Test	0.081	04:32
	Air Blank	0.000	04:32
	Subject Sample #1	VNM*	04:35
	Air Blank	0.000	04:36
	Air Blank	0.000	04:38
	Subject Sample #2	0.081	04:39
	Air Blank	0.000	04:39
	Air Blank	0.000	04:41
	Subject Sample #3	0.083	04:42
	Air Blank	0.000	04:42
	Control Test	0.079	04:43
	Air Blank	0.000	04:43
	Diagnostics Check	OK	04:43

*Volume Not Met (0.075 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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: 11-29-20
Signature

Sworn to (or affirmed) before me this 29 day of November, 2020

Signature of Notary Public-State of Florida: Trp. Todd #4141
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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 20-131509 PBSO ZONE 7-12

AGENCY CASE # FHP L20 OFF 068276 CRASH CASE # _____

TIME OF STOP/CRASH 0237 DATE 11-29-20 DAY SUN

SUBJECT'S NAME SAENELL CROOKS RACE B SEX F

HGT 5'09 WGT 110 DOB 11-19-1991

LOCATION I-95 NB CONGRESS AVE

ARRESTING OFFICER'S NAME & ID TODD 4141 AGENCY FHP L

DIVISION: DUI

NOTIFIED BY COMMO y

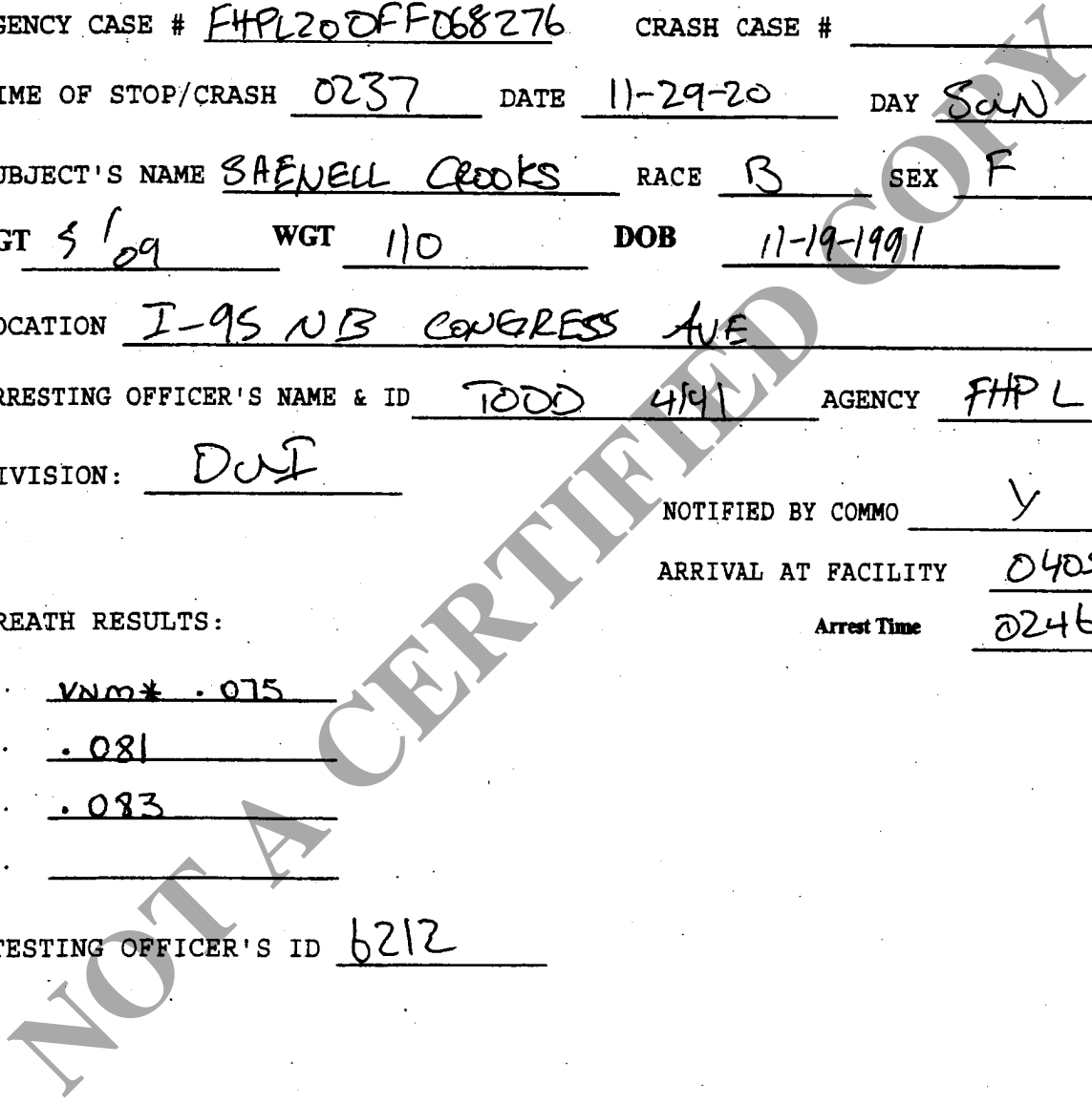
ARRIVAL AT FACILITY 0405

Arrest Time 0246

BREATH RESULTS:

1. VNM* .075
2. .081
3. .083
4. _____

TESTING OFFICER'S ID 6212



TESTING FACILITY TASK REPORT

AGENCY: FHP-L TRP. TODD #4141

SUBJECT: CROOKS, SHENELL C.

CASE NUMBER: 20-131509

DATE: 11-29-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0427 HRS

ENDING TIME: 0445 HRS

BREATH TESTS RESULTS: 1) .075 V* TIME 0435 A.M. P.M. 2) .081 TIME 0439 A.M. P.M.
3) .083 TIME 0442 A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT- BLACK PANTS- BLACK

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O TRP. TODD #4141
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D WAS NOT BLOWING CORRECTLY AT FIRST. EXPLAINED THE PROCEDURE TO HER AGAIN AND SHOWED HER.
IMPLIED CONSENT READ ON CAMERA TO THE D.
D EVENTUALLY BLEW CORRECTLY TO COMPLETE THE TEST.
C/W READ ON CAMERA.
EXPLAINED THE RESULTS TO THE D.
NO Q&A CONDUCTED.

SUBJECT: CROOKS, Steneil 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 _____ 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) _____

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

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____

 GLASS EYE? _____

 FALSE TEETH? _____

 EAR INFECTION? _____

 INNER EAR TROUBLE? _____

 DIABETES? _____

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

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

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



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2020027920	Date: 11/30/2020
	Specialist Name/ID: T Howard/7185