

0515256

20CT 3891

ARREST/NOTICE TO APPEAR

718

ADVISOR	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 514 20-000975	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE				
CHARGE	Charge Type <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) 2904 N WILLISTON DR, JUPITER FL 33458		Location of Offense (Business Name, Address) 2904 N WILLISTON DR, JUPITER, FL 33458		Enter Type NONE	Multiple Clearance Indicator			
DEFENDANT	Name (Last, First, Middle) WILBER ROBINSON, TAYLOR MARIE	Alias:	Date of Arrest 03/02/2020		Time of Arrest 23:01	Booking Date 03/02/2020	Booking Time 23:11	Jail Date	Jail Time	Location of Vehicle	
DEFENDANT	Race W - White A - American Indian B - Black O - Other/Asian	Sex W	Date of Birth 05/02/1995	Height 5'05	Weight 142	Eye Color HAZEL	Hair Color BLACK	Complexion LIGHT	Build Medium	Marital Status S	Religion OTHER
DEFENDANT	Local Address (Street, Apt. Number) 2904 N WILLISTON DR 305, JUPITER, FL 33458	(City)	(State)	(Zip)	Phone (561) 427-9898	Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Residence Type 1. City 2. County 3. Out of State		Address Source VERBAL	
DEFENDANT	Business Address (Name, Street) W-16813956620 / FL	(City)	(State)	(Zip)	Phone (561) 427-9898	Occupation		Citizenship US		Place of Birth (City/State) UPSTATE, NY, United	
DEFENDANT	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Relationship middle to		Arrested <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		Arrested <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		
DEFENDANT	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Relationship		Arrested <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		Arrested <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		
DEFENDANT	Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone		Business Phone
DEFENDANT	Notified by (Name)	Date		Time		JUVENTILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT/JAC 3. Incarcerated		School Attended		Grade	
DEFENDANT	Released To (Name)	Relationship		Date		Time		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	Value of Property
DEFENDANT	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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										
CHARGE	Drug Activity N. Possess	S. Sell B. Buy T. Traffic	R. Scavenger D. Deliver E. Use	K. Possess/ Instru	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/Opiv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
CHARGE	Charge Description DUI - DRIVING UNDER INFLUENCE		Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	State Violation Number 316.193(1)(a)	Violation of ORD #		Bond
CHARGE	Charge Description DL - SUSPND - DRIVING W/ SUSPND/REVKD/ CANCLD - W/KNOWL		Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	State Violation Number 322.34(2) 7253	Violation of ORD #		Bond
CHARGE	Charge Description		Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	State Violation Number	Violation of ORD #		Bond
CHARGE	Charge Description		Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	State Violation Number	Violation of ORD #		Bond
INMATE	Health / Apparent Physical Condition of Defendant										
INMATE	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Postpaid Bond <input type="checkbox"/> South County Mental Health										
INMATE	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries										
INMATE	PROPERTY - Received By										
INMATE	Released by										
INMATE	Released To										
INMATE	Date Transported										
INMATE	Time Transported										
INMATE	Other										
INMATE	<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.										
INMATE	Location (Court, Room) North County PALM BEACH GARD										
INMATE	Court Date and Time 04/08/2020 08:30:00										
INMATE	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.										
INMATE	Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]										
INMATE	Date Signed										
INMATE	Name Verification (Printed by Arrestee)										
INMATE	(PRINT)										
INMATE	Name of Arresting Officer (Print) FERGUSON, RYAN										
INMATE	I.D. # 1202										
INMATE	Name of Transporting Officer R. FERGUSON										
INMATE	I.D. # 385										
INMATE	Agency JUP										
INMATE	Wishes form if subject signed with an "X"										

No Photo Available
PALM BEACH COUNTY
CLUB BRANCH

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 02 DAY OF March 20 20, AT 2224 AM PM
SUBJECT: Robinson Taylor Marie Wilber CASE NUMBER: 20-000975

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: R. Ferguson

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
The following is from Officer Anderson's Supplement:

Officer Anderson responded to 2904 North Williston Dr. Jupiter, Florida in reference to a white female that was unresponsive in a silver Kia Forte. Officer Anderson approached the vehicle and observed Robinson in the driver's seat while the vehicle was still running. The vehicle was in the roadway, next to a curb behind a row of parked vehicles. Officer Anderson requested Robinson to put the vehicle in park and she responded with putting the vehicle in drive. Officer Anderson asked her again to put the vehicle in park and she told her to "hold on" and attempted to put the vehicle in reverse. Officer Anderson opened the driver's side door and told Robinson to exit the vehicle. Robinson was able to put the vehicle in park and exit the vehicle as requested. Robinson advised she fell asleep in her car. Robinson was agitated while speaking with Officer Anderson.

Officer Anderson spoke to a witness, Timothy Young (B/M - 7/22/1979) who advised when he arrived home, he noticed the vehicle positioned in an odd manner and when he approached the vehicle, he observed Robinson in the driver's seat with her head leaned back and the vehicle was still in reverse. Young stated he tried to wake her up but she was unresponsive. Young advised he walked back to his vehicle to retrieve his telephone and walked back to the vehicle. Young advised as he was being transferred to Palm Beach County Fire Rescue, Robinson woke up and told him she had just fallen asleep.

OBSERVATION OF DRIVER:

Robinson had glossy eyes, slurred speech and she had a light smell of an unknown alcoholic beverage coming from her person that grew when she spoke. Robinson would repeatedly start crying and advised she was sorry.

DRIVER'S STATEMENTS:

Robinson advised she was coming from work and did not have any alcoholic beverages to drink. She advised she was tired and fell asleep in the vehicle. I asked Robinson again if she had anything to drink and she advised she not have anything. Robinson later admitted to going to a restaurant "BRIO" with a co-worker and had one beer to drink at approximately 1800 hours.

ODORS:

Light smell of an unknown odor coming from her person.

GENERAL OBSERVATIONS

SPEECH: Little slurred.

ATTITUDE: Cooperate, crying.

CLOTHING: Moist: Black jacket, white shirt, long jeans.

MEDICAL/OTHER: [REDACTED]

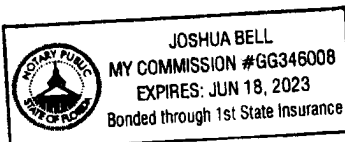
STATE OF FLORIDA
COUNTY OF PALM BEACH

R. Ferguson
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of March 20 20 by R. Ferguson

(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)



SCANNED
MAR 04 2020

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:

Robinson advised she was nervous. Robinson moved her head during HGN after being told not to.

WALK & TURN:

I asked Robinson if she had any medical issues to which she stated she did not have any. I asked Robinson if she understood the directions to which she stated that she understood and had no questions. Robinson started the task before i told her to begin. Once she started the task, she lost balance on her first step and stepped off the line. She also counted "One" twice" and began taking her steps with her right foot. On her third step she lost balance and stepped off the line. On her sixth and eighth step she stepped off the line. Robinson stopped half way through the task and asked what else was she supposed to do. Once She started to walk back, on her first and second steps she stepped off the line and was losing her balance. It should be noted Robinson used her arms to balance herself during the task.

ONE LEG STAND:

I asked Robinson if she understood the directions to which she stated that she understood and had no questions. Robinson. Once she began the task she tried to use her arms to balance herself on her right leg. When she counted to "1003" she placed her left foot down. When she counted to "1007" she lost her balance and placed her left foot down. Once Robinson picked her foot back up and started counting, she started said "1006". It should be noted Robinson would use her arms to balance herself after being told to put her arms to her side.

FINGER TO NOSE:

I asked Robinson if she understood the directions to which she advised she understood and had no questions. I asked if she knew the difference between her "left" and her "right" to which she advised yes. Robinson would start the task before i told her to begin. On the second "right" she placed her finger on the bridge of her nose. On the third "right" she moved her left hand then quickly moved her right hand and touched the right side of her nose..

ROMBERG ALPHABET:

I asked Robinson if she understood the directions to which she advised she understood. I asked Robinson what was her highest level of education to which she advised she was going to school for business. Once Robinson got to the letter "T" she said "A", "U" then stopped the task and asked if she could do it over. Once she did it again she said the alphabet from "A to Z" in a rhythm manner.

BREATH TEST RESULTS: 1) .050 2) .051 3) N/A 4) N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

R. Ferguson
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of March 20 20 by R. Ferguson

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

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



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MAR 04 2020

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: 80-006477 Software: 8100.27
Date of Test: 03/02/2020

Date of Last Agency Inspection: 02/14/2020
Observation Period Began: 23:27
Subject's Name: TAYLOR M WILBER ROBINSON

DOB: 05/02/1995 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	23:50
	Air Blank	0.000	23:51
	Control Test	0.080	23:51
	Air Blank	0.000	23:51
	Subject Sample #1	0.050	23:52
	Air Blank	0.000	23:53
	Air Blank	0.000	23:55
	Subject Sample #2	0.051	23:55
	Air Blank	0.000	23:56
	Control Test	0.080	23:56
	Air Blank	0.000	23:57
	Diagnostics Check	OK	23:57

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 SUE OWEN, 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: [Signature] Date: 03/02/2020
Signature

Sworn to (or affirmed) before me this 2ND day of March, 2020

[Signature] ofc R. Ferguson
Signature of Notary Public-State of Florida 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.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, R. Ferguson, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 02 day of March, 20 20, at 2224 P.M. A.M.

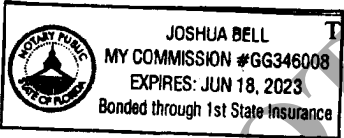
DRIVER Taylor Marie Wilber Robinson
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W416-813-95-662-0, state of Florida, was placed under lawful arrest for
the offense of Drinking Under the Influence by R. Ferguson and
issued Citation # ADB98CE (Name of Arresting Officer)

That on or about the 02 day of March, 20 20, at 2359 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer



THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 3 day of March, 20 20,
by R. Ferguson,
who is personally known to me or who has produced
Known as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

Signature of Attesting Officer _____
Title _____
Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED
MAR 04 2020



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

PBSO CASE # 20-044769 PBSO ZONE 3-14

AGENCY CASE # 20-000975 CRASH CASE # _____

TIME OF STOP/CRASH 2224 DATE 03-02-2020 DAY Monday

SUBJECT'S NAME Taylor M. Robinson RACE W SEX F

HGT 505 WGT 135 DOB 05-02-1995

LOCATION 2904 N Wilkiston Jupiter FL 33438

ARRESTING OFFICER'S NAME & ID R. Ferguson 385 AGENCY Jupiter

DIVISION: _____

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2328

Arrest Time 2301

BREATH RESULTS:

1. .050

2. .051

3. Urine

4. **REFUSED**

TESTING OFFICER'S ID 3184

NOT A CERTIFIED COPY

SCANNED

MAR 04 2020

WITNESS LIST

CASE NUMBER: 20-000975

ARRESTING OFFICER: R. Ferguson
ADDRESS: 210 Military Trail Jupiter FL 33458
PHONE NUMBERS (HOME): 561-799-4445 (WORK) _____
CAN TESTIFY TO: Check P.C
NAME: K. Anderson
ADDRESS: 210 Military Trail, Jupiter FL 33458
PHONE NUMBERS (HOME) 561-799-4445 (WORK) _____
CAN TESTIFY TO: Check P.C
NAME: Timothy Young
ADDRESS 2904 N Williston Dr. Apt. 205 Jupiter FL 33458
PHONE NUMBERS (HOME) 561-460-8022 (WORK) _____
CAN TESTIFY TO: Check P.C
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
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PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

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MAR 04 2020

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) **REFUSED** 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 TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

SCANNED

MAR 04 2020

SUBJECT: _____ 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) _____

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.

SCANNED
MAR 04 2020

SUSPECT'S SIGNATURE: (X) _____

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? _____

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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: _____



**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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	3
	<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"/>	539.001(B)(1), 539.003	Other: Pawn Broker Information	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020007112	Date: 3/3/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
MAR 04 2020