

21 CT 4478  
ARREST / NOTICE TO APPEAR

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

Agency ORI Number <b>0500800</b>	Agency Name <b>West Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>9 4 2021-0004203</b>
Charge Type: Check as many <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) <b>OKEECHOBEE BLVD/JOG RD</b>		Location of Offense (Business Name, Address) <b>6843 OKEECHOBEE BLVD/N JOG RD, WEST PALM BEACH, FL</b>
Date of Arrest <b>03/19/2021</b>	Time of Arrest <b>22:46</b>	Booking Date <b>03/19/2021</b>
Booking Time <b>22:56</b>	Jail Date	Jail Time
Location of Vehicle		

Name (Last, First, Middle) <b>BEELNER, TERRIE MARY</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Sex W - White B - Black O - Asian	I - American Indian	W	F	Date of Birth <b>07/04/1962</b>	Height <b>5'05</b>
Weight <b>125</b>	Eye Color <b>BROWN</b>	Hair Color <b>GRAY OR</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>	
Local Address (Street, Apt. Number) <b>1218 PERIWINKLE PL, WELLINGTON, FL 33414</b>			Home Phone	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>1218 PERIWINKLE PL, WELLINGTON, FL 33414</b>			Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Business Address (Name, Street) <b>1218 PERIWINKLE PL, WELLINGTON, FL 33414</b>			Work Phone	Address Source <b>VERBAL</b>	
DL Number, State <b>B456813627440 / FL</b>	Sec. Sec. Number	INS Number	Place of Birth (City, State) <b>Woonsocket, RI, United States</b>	Citizenship <b>U.S.</b>	

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
<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
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
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No				Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property
				Value of Property

Drug Activity M. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Seizure D. Deliver E. Use	K. Dispense/ 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/Opiorv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>	State Violation Number <b>316.193(DCA)</b>	Violation of ORD #
Drug Activity <b>N</b>	Amount / Unit <b>/</b>	Offense #
Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description	State Violation Number	Violation of ORD #
Drug Activity	Amount / Unit	Offense #
Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description	State Violation Number	Violation of ORD #
Drug Activity	Amount / Unit	Offense #
Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number

Health / Apparent Physical Condition of Defendant	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
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
Transported By <b>OFC E HOWARD</b>	PROPERTY - Received By <b>OFC E HOWARD</b>
Date Transported	Released To <b>PBC JAIL</b>

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	Location (Court, Room) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>
but must comply with instructions on Page 2.		Court Date and Time <b>04/22/2021 08:30:00</b>
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
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.		INITIAL

HOLD for Other Agency	Signature of Arresting Officer <b>EH #2201</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>HOWARD, EDWARD</b>	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	ID # <b>02201</b>	
Issued By <b>JANAY GRW</b>	Transporting Officer <b>OFC E HOWARD</b>	Agency <b>WPB</b>
ID # <b>62</b>	ID # <b>2201</b>	Witness here if subject signed with

J# 0522133

SCANNED  
PH# MAR 2 2021

# DUI PROBABLE CAUSE AFFIDAVIT

On the 19th Day of March at 2246 A.M. P.M.

Subject: Terrie Beelner Case Number: 20210004203

Agency: West Palm Beach Police Department Arresting Officer: Ofc. E Howard

## Personal Contact

<b>Driving Pattern</b>	Actual physical control (physical evidence putting the driver behind the wheel)
<p>A 2001 White Cadillac was driving westbound on Okeechobee Blvd. The vehicle then struck the rear of a 2017 White Ford Fusion. The Cadillac then swerved across Okeechobee Blvd to the south side of the road and ended its motion in the ditch. Paramedic James Waxx stated he needed to assist the driver out of the vehicle in order to render treatment. He stated the driver was the sole occupant of the vehicle and was in the driver seat behind the steering wheel. The driver was in actual physical control of the vehicle.</p>	

<b>Observation of Driver</b>
<p>The driver had slurred speech. The driver had reddened and glassy eyes. The driver was swaying while standing up.</p>

<b>Drivers Statements:</b>
<p>(Post Miranda) The driver stated she was coming from her friends house. She stated she drank one shot of Dewars scotch. The driver stated she did not take any drugs. She also stated she did not take any medications, was not diabetic, and does not take insulin.</p>

<b>Odors:</b>
<p>An strong odor of an unknown alcoholic beverage could be smelled emanating from the driver, which grew stronger the more he spoke with me. The odor could be smelled when the driver was away from their vehicle.</p>

## General Observations

<b>Speech:</b> Slurred.
<b>Attitude:</b> Cooperative at first, then uncooperative.
<b>Clothing:</b> Gray shirt, gray pants, brown wrap around sandals.
<b>Medical Problems/Medications:</b> None stated at the scene.
<b>Other:</b> The driver was advised the crash investigation had been completed, and now an investigation into possibly driving under the influence was beginning. The driver was read her Miranda Rights. The driver agreed to participate in SFTS's.

SCANNED  
MAR 21 2021

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: \_\_\_\_\_

**Terrie Beelner**

Case Number: **20210004203**

## Roadside Tasks

### Horizontal Gaze Nystagmus

- |   |  |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly              | <input type="checkbox"/> Right Eye Does Not Follow Smoothly              |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less      | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver was instructed to stand with her feet together with her arms at her sides. She was then asked if she could identify the color of the stimulus I placed in front of her eyes; in which she advised was blue (which was correct). She was reminded to track the stimulus with her eyes only. She failed to keep her head still while tracking the stimulus. I observed the driver swaying during the instructional and practical portion of this exercise. The driver took her eyes off the stimulus several times, and needed to be reminded to track the stimulus.

### Walk and Turn Task

The driver was asked to place her left foot on the line (yellow duct tape) with her right foot directly in front of it with her heel touching her toe, then place her arms at her sides and stay in this position while I demonstrated this task. I observed the driver swaying during the instructional portion of this exercise. She could not maintain her balance while listening to the instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. On the first set of heel to toe steps she stepped off the line. The driver failed to touch heel to toe as instructed. She performed the turn other than the way it was demonstrated. On the second set of heel to toe steps, the driver stepped off the line. The driver failed to touch heel to toe as instructed. The driver needed the instruction repeated multiple times. The driver needed to raise her arms to keep her balance.

### One Leg Stand

I had the driver stand with her feet together and hands down at her side as I explained the exercise. I explained and demonstrated the exercise and she stated she understood the instructions. She started the task before being instructed. When told to begin, the driver lifted her right foot off the ground. She used her arms to balance by raising them more than six inches from her sides. She put her foot down to regain her balance before the thirty seconds had elapsed. I observed the driver swaying during the instructional and practical portion of this exercise. The driver was only able to perform the task for 9 seconds.

### Finger To Nose

I had the driver stand with her feet together and hands down at her sides as I explained the exercise. I explained and demonstrated the exercise and she stated she understood the instructions. The driver demonstrated that she knew her right from her left. I asked the driver to tilt her head back and close her eyes. The sequence performed was: L, R, L, R, R, L. The driver opened her eyes during the task. The driver missed the tip of her nose during the whole sequence and needed to search for the tip of her nose with the tip of her finger. I observed the driver swaying during the instructional and practical portion of this exercise.

### Romberg Balance

I had the driver stand with her feet together and hands down at her sides as I explained the exercise. I explained and demonstrated the exercise and she stated she understood the instructions. I had the driver tilt her head back and close her eyes and estimate the passage of 30 seconds. She advised she finished this exercise at an internal clock of 30 seconds when the actual time was 28 seconds. I observed the driver swaying during this exercise. The driver proceeded to count out loud, which was not according to instructions. The driver displayed eyelid tremors while her eyes were closed during the task.

## Breath Results from Instrument

1st Result **Refused**      2nd Result       3rd Result   
# Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this \_\_\_\_\_

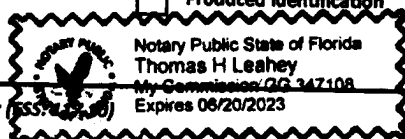
(DATE)

Personally Known

Produced Identification

Notary Public

*T. Leahy*



*TH #2001*

Notary / Clerk of Courts / Officer

Signature of Arresting Officer

**SCANNED**  
MAR 21 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: 03/19/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 22:30

Subject's Name: SAEKO HARADA

DOB: 05/08/1967 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	22:58
Air Blank	0.000	22:58
Control Test	0.079	22:59
Air Blank	0.000	22:59
Subject Sample #1	0.212	23:00
Air Blank	0.000	23:01
Air Blank	0.000	23:03
Subject Sample #2	0.211	23:03
Air Blank	0.000	23:04
Control Test	0.079	23:04
Air Blank	0.000	23:05
Diagnostics Check	OK	23:05

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 THOMAS H LEAHEY, 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 Date: 03/19/21  
Signature

Sworn to (or affirmed) before me this 19th day of March, 2021

Signature of Notary Public-State of Florida D/S W Vargas  
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.

SCANNED  
MAR 21 2021

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

I, Officer Edward Howard, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 19th day of March, 20 21, at 2246  P.M.  A.M.

DRIVER Terrie Mary Beelner  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B456-813-62-744-0, state of Florida, was placed under lawful arrest for

the offense of Driving Under the Influence by Ofc. Edward Howard and  
(Name of Arresting Officer)

issued Citation # AC6QYUE

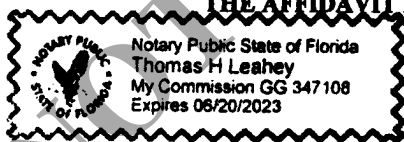
That on or about the 20th day of March, 20 21, at 2344  P.M.  A.M.

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.

E.H. #2201  
Signature of Law Enforcement Officer or  
Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 20th day of March, 20 21,

by Ofc. Edward Howard,

who is personally known to me or who has produced

Kuam as identification

Notary Public T. Luby

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
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.

**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: 80-006029 Software: 8100.27  
Date of Test: 03/19/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 23:10

Subject's Name: TERRIE M BEELNER

DOB: 07/04/1962 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		23:35
Air Blank	0.000	23:35
Control Test	0.079	23:35
Air Blank	0.000	23:36
Subject Sample #1 SNL*		23:39
Air Blank	0.000	23:40
Air Blank	0.000	23:41
Subject Sample #2 REF**		23:44
Air Blank	0.000	23:44
Control Test	0.076	23:45
Air Blank	0.000	23:45
Diagnostics Check OK		23:45

\*Slope Not Level (0.162 - Breath Sample Not Reliable to Determine Breath Alcohol Level)  
\*\*Subject Test Refused

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:

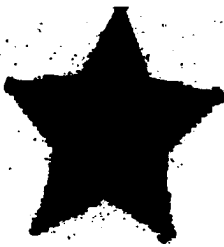
I PARIS D POUND, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_ Signature Date: 03/19/21

Sworn to (or affirmed) before me this 19<sup>th</sup> day of MARCH, 2021

EQ1 #2201 Signature of Notary Public-State of Florida  
OFL. E. HOWARD 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 # 21-046713 PBSO ZONE 3-15

AGENCY CASE # 2021-4203 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2130 DATE 3/19/21 DAY Friday

SUBJECT'S NAME Terrie Beeher RACE W SEX F

HGT 5'4" WGT 125 DOB 7/4/62

LOCATION Okreechobee Blvd / Sag Rd

ARRESTING OFFICER'S NAME & ID Edward Howard AGENCY WPB

DIVISION: Petrol Howard #2201

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2310

Arrest Time 2246

BREATH RESULTS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. **REFUSED**
4. \_\_\_\_\_

TESTING OFFICER'S ID 24639

NOT A CERTIFICATE

SCANNED  
 MAR 21 2021

# TESTING FACILITY TASK REPORT

AGENCY: WPPD

SUBJECT: BEELNER, TERRIE M

CASE NUMBER: 21-046713

DATE: Mar 19, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:32

ENDING TIME: 23:46

BREATH TESTS RESULTS: 1) SNL TIME 23:39 A.M.  P.M.  2) R TIME 23:23:44 A.M.  P.M.   
3) N/A TIME N/A A.M.  P.M.  4) N/A TIME N/A A.M.  P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

**REFUSED**

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE,

CLOTHING: GRAY TIGHTS, GRAY T-SHIRTS, BROWN SANDALS

MEDICAL CONDITIONS: COPD

MEDICATIONS: NONE

OTHER:

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:10 HRS.

SUBJECT: AGREED TO TAKE TEST

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS, ALSO REFUSED TO KEEP TONE GOING

A/O: READ I/C TWO TIMES, ALSO EXPLAINED I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD TAKE TEST

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS AGAIN , A/O: CALLED REFUSAL

A/O: READ RIGHTS

SUBJECT: REFUSED TO ANSWER IF SHE UNDERSTOOD RIGHTS

NO Q&A CONDUCTED

**REFUSED**

SCANNED  
MAR 21 2021

SUBJECT: BULLOCK, TERRILL 17 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.

SUSPECT'S SIGNATURE: (X) Kenzo on camera

SUBJECT: MULLIVER, TERRIE M 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:
- EPHLEPSY? \_\_\_\_\_
  - 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: \_\_\_\_\_

SCANNED  
MAR 21



**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: 2021006785	Date: 03/21/2021
	Specialist Name/ID: C. Denzel/8691

**SCANNED**  
**MAR 21 2021**