

21CT2913 MB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21-038730</b>	
Charge Type: Check as many as apply	<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	Weapon Seized / Type <b>2</b> 1. Yes 2. No <b>NONE</b>		Multiple Clearance Indicator <b>02</b>
Location of Arrest (Including Name of Business) <b>191 GULFSTREAM CIRCLE RPB, FL 33411</b>			Location of Offense (Business Name, Address) <b>191 GULFSTREAM CIRCLE RPB, FL 33411</b>			
Date of Arrest <b>02/24/2021</b>	Time of Arrest <b>00:07hrs</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ALL TIME TOWING</b>

Name (Last, First, Middle) <b>Lazarou, Valerie, Gail</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>11/23/1964</b>	Height <b>5'0"</b>	Weight <b>120</b>	Eye Color <b>BRW</b>	Hair Color <b>BRW</b>	Complexion <b>MED</b>	Build <b>SMALL</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>			Marital Status <b>Single</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>191 GULFSTREAM CIRCLE</b>		(City) <b>Royal Palm Bch, FL 33411</b>	(State)	(Zip)	Phone <b>(561) 657-0523</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FLORIDA DL</b>		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>SERVER</b>		
D/L Number, State <b>L260-867-64-923-0, FL</b>		Soc. Sec. Number		INS Number	Place of Birth (City, State) <b>YONKERS, NY</b>	Citizenship <b>US</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"/> Legal Custodian <input type="checkbox"/> Other:	Address (Street, Apt. Number)	(City)	(State)	(Zip)	Residence Phone ( )
Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
Released To: (Name)	Relationship			Date	Time
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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended	Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property			

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. 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/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(a)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>REFUSAL</b>	Offense # <b>21-038730</b>	Warrant / Capias Number		Bond				
Charge Description <b>FAIL to SIGN/ACCEPT SUMMONS</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>318.14(3)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>NONE</b>	Offense # <b>21-038730</b>	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				
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				

Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406</b>					
Court Date and Time Month <b>MARCH</b> Day <b>18th</b> Year <b>2021</b> Time <b>08:30</b> 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)			Date Signed <b>02/24/2021</b>		

HOLD for other Agency Name	Signature of Arresting Officer <b>Inv. J. Schaefer #8777</b>	Name Verification (Printed by Arresting Officer) <b>SCANNED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>INV. J. SCHAEFER</b>	I.D. # <b>8777</b>
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Transporting Officer <b>INV. J. SCHAEFER</b>	Agency <b>PBSO</b>
Witness here if subject signed with an "X"	Date <b>FEB 24 2021</b>	
Page		1 of 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF FEBRUARY 20 21, AT 23:52hrs AM  PM  
SUBJECT: Lazarou, Valerie, Gail CASE NUMBER: 21-038730

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

## PERSONAL CONTACT

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

On 02/23/2021 at approximately 23:48hrs, while conducting selective traffic enforcement in the area Okeechobee Blvd and North State Road 7 which is located in the Village of Royal Palm Beach, Palm Beach County, Florida I responded to a report of a possible impaired driver traveling westbound on Okeechobee Blvd. Through updates by dispatch from the witness who was following the silver Toyota I was able to locate the vehicle. I observed the silver 2012 Toyota Camry bearing Florida tag IF0-7AK pull into the driveway of 191 Gulfstream Circle. A white female wearing a multi-print dress exited the driver door and began to stumble down the driveway. The driver was identified as "VALERIE GAIL LAZAROU", by her Florida driver license. Lazarou was the sole occupant of the vehicle.

### OBSERVATION OF DRIVER:

Upon making contact with the driver, Valerie Gail Lazarou, I immediately detected a very obvious and very strong odor of an unknown alcoholic beverage emitting from her person and face area prior to donning my PPE mask. This odor intensified as I spoke to Lazarou now with my mask on. Lazarou had glassy and blood shot eyes. Lazarou's speech was slurred, slow, thick, and at times difficult to understand. Lazarou's movements were slow and deliberate. Lazarou was lethargic in her movements with poor coordination. Lazarou had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to her. Lazarou continuously stated she didn't "understand" whenever I gave her instruction or direction.

### DRIVER'S STATEMENTS:

Pre-Miranda: Lazarou stated she only had "2 drinks". Lazarou refused to provide a breath sample at which time I read Implied Consent. Lazarou stated she didn't "understand" again. I further explained Implied Consent and Lazarou again refused. Lazarou refused to participate in the Q&A portion of the interview.

### ODORS:

A very strong and very obvious odor of an unknown alcoholic beverage was emitting from her person and face area which intensified as I spoke to Lazarou.

## GENERAL OBSERVATIONS

SPEECH: Lazarou's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: annoyed, defiant, argumentative, belligerent, threatening

CLOTHING: multi-print dress

MEDICAL/OTHER: SEE BAT REPORT

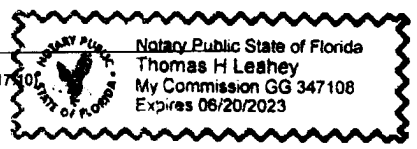
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*  
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of FEBRUARY 2021 by INV. J. SCHAEFER

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN I/O

*J. Lealey*  
Notary Public, Clerk of Court, Officer (F.S.S. 117.01)



SCANNED  
FEB 24 2021

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

**WALK & TURN:**

Lazarou refused to participate in the SFST's and was explained her Taylor Warning with Lazarou responding that she did not understand. I explained Taylor 3 more times all with Lazarou stating she did not understand. Lazarou continued her defiant attitude and ultimately refused.

**ONE LEG STAND:**

**NOT PERFORMED**

**FINGER TO NOSE:**

**NOT PERFORMED**

**ROMBERG ALPHABET:**

**NOT PERFORMED**

**BREATH TEST RESULTS:      REFUSED      REFUSED**

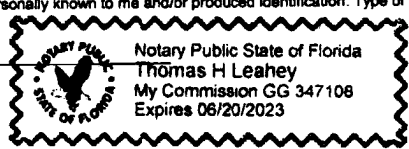
STATE OF FLORIDA  
COUNTY OF PALM BEACH

**INV. J. SCHAEFER** *Inv. J. Schaefer #8777*  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of FEBRUARY 2021 by INV. J. SCHAEFER

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

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



SCANNED  
FEB 24 2021



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

PBSO CASE # 21-038730 PBSO ZONE 9-12

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

TIME OF STOP/CRASH 23:52hrs DATE 02/23/2021 DAY Tuesday

SUBJECT'S NAME Lazarou, Valerie, Gail RACE W SEX F  
LAST FIRST MID  
 HGT 5'0" WGT 120 DOB 11/23/1964

LOCATION 191 GULFSTREAM CIRCLE RPB, FL 33411

ARRESTING OFFICER'S NAME & ID INV. J. SCHAEFER 8777 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 00:42

ARREST TIME 00:07hrs

BREATH RESULTS:

- 1.
- 2. **REFUSED**
- 3.
- 4.

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SCANNED  
FEB 24 2021

SUBJECT: Lazaru Valeric G

CASE NUMBER: 21-038730

## 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 INV 3 Section 8777 of the PBSO

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) Rod 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) Rod on camera

SCANNED  
FEB 24 2021

SUBJECT: Larson, Valerie CASE NUMBER: 21 038730

## 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? NO 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? NO 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

SCANNED  
FEB 24 2021

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

I, INV. J. SCHAEFER, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 24th day of FEBRUARY, 20 21, at 00:07hrs P.M. A.M.

DRIVER Valerie, Gail Lazarou,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L260-867-64-923-0, FL, state of FLORIDA, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by INV. J. SCHAEFER and
(Name of Arresting Officer)

issued Citation # AEA7C8E

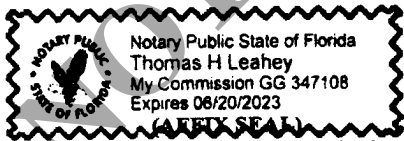
That on or about the 24th day of FEBRUARY, 20 21, at 01:08 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X 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.

Inv. J. Schaefer # 8777
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 this 24th day of FEBRUARY, 20 21,

by INV. J. SCHAEFER,

who is personally known to me or who has produced

PERSONALLY KNOWN LEO as identification

Notary Public [Signature]

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.

SCANNED FEB 24 2021

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Lazarou, Valerie G CASE NUMBER: 21-038730

DATE: Feb 24, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0104 ENDING TIME: 0109

BREATH TESTS RESULTS: 1) R TIME 0108 A.M.  P.M.  2) n/a TIME 0 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 TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, deliberate

ATTITUDE: talkative

CLOTHING: multi leopard print dress, black sweater, black flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0042 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C- I can't have my attorney here to make decision

subject refused to perform breath test

A/O read rights & subject stated she understood rights

A/O attempted Q&A

subject invoked right to counsel

**REFUSED**

SCANNED  
FEB 24 2021

# WITNESS LIST

CASE NUMBER: 21-038730

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, IN-CAR & BAT VIDEO

NAME: INV W AMADON #9440

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 688-4001

CAN TESTIFY TO: SIGNS OF IMAIRMENT

NAME: SHANNON PHELAN

ADDRESS 1257 PERIWINKLE PLACE WELLINGTON, FL 33414

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 312-3227

CAN TESTIFY TO: SEE WRITTEN WITNESS SWORN STATEMENT

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SCANNED  
FEB 24 2021



**Palm Beach County Sheriff's Office – Arrests Only**

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

REVIEW COMPLETED BY

Booking Number: 2021004622	Date: 2/24/2021
	Specialist Name/ID: J. Beck/9007