

8514413

1470

OBTS Number **2020mmootal4** ARREST / NOTICE TO APPEAR
1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias 1 Juvenile N

Agency OR# Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only) **06-20-032441**

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
Weapon Seized / Type **2** 1. Yes 2. No
Multiple Clearance Indicator **1**

Location of Arrest (Including Name of Business) **Wellington Trace/Forest Hill Blvd, Wellington FL**
Location of Offense (Business Name, Address) **Wellington Trace/Forest Hill Blvd, Wellington FL**

Date of Arrest **01/30/2020** Time of Arrest **2233** Booking Date Booking Time Jail Date Jail Time Location of Vehicle **Priority Tow**

Name (Last, First, Middle) **Hofmeister, Wendy, Sue** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race **W** Sex **F** Date of Birth **7/16/1962** Height **5'03** Weight **93** Eye Color **BR** Hair Color **BR** Complexion **FAIR** Build **SM**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **NONE** Marital Status **Divorced** Religion **NONE** Indication of Alcohol Influence Drug Influence Y N Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone **6243 Northfield Dr #732, Seymour, IN 47274** (630) 842 2081
Residence Type: 1. City 2. County 3. Florida 4. Out of State **4**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source **Def**

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation **HORSE TRAINER**

D/L Number, State **H152897627560, FL** Soc. Sec. Number **[REDACTED]** INS Number Place of Birth (City, State) **LAGRANGE IL** Citizenship **US**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Name (Last) (First) (Middle) Residence Phone
 Legal Custodian
 Other: **OK**

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone

Notified by: (Name) Date **3** 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 defendant and / or 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.
 Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property Value of Property

Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia U. Unknown
N. N/A B. Buy D. Deliver Distribute Cultivate N. N/A C. Cocaine M. Marijuana Equipment
P. Possess T. Traffic E. Use A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetics Z. Other

Charge Description **Driving Under The Influence (DUI)-Crash** Counts **1** Domestic Violence Y N Statute Violation Number **316.193(3)c(1)** Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # **20-032441** Warrant / Capias Number Bond

Charge Description **Resisting arrest without** Counts **1** Domestic Violence Y N Statute Violation Number **843.02** Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # **20-032441** Warrant / Capias Number Bond

Charge Description **Leaving the scene of a crash** Counts **1** Domestic Violence Y N Statute Violation Number **316.061(1)** Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # **20-032441** Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Location (Court, Room Number, Address) **Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600**

Court Date and Time **Month 2 Day 27 Year 20 Time 8:30 AM**

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) **[Signature]** Date Signed **01/30/2020**

HOLD for other Agency Name: Signature of Arresting Officer **X** Name Verification (Printed by Arrestee) **JAN 31 2020**

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print) **Inv. A. Soloway #8586** I.D. # **8586** (PRINT) COUNTY COURTS (CRIMINAL DIV.)

Intake Deputy **[Signature]** I.D. # Pouch # **Inv. A Soloway** ID # **8586** Agency **PBSO** Witness Signature (Subject signs with an "X") **1** OF **1**

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 9/97 **JAN 31 2020**

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 20-032441				
Charge Type: Check as many as apply.		Special Notes:						
<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				
CHARGES DEF	Name (Last, First, Middle) Hofmeister, Wendy, Sue		Alias		Race W	Sex F	Date of Birth 07/16/1962	
	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA , ,		Race		Sex	Date of Birth		
	Local Address (Street, Apt. Number) , (City) (State) (zip) Phone () ()		Address Source					
Business Address (Name, Street) (City) (State) (zip) Phone () ()		Occupation						
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 30TH day of JANUARY 20 20 at 2134 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)								
<p>On Thursday January 30, 2020 at approximately 2125 hours I was dispatched to a vehicle crash located at the intersection of Wellington Trace and Forest Hill Boulevard, Village of Wellington, Palm Beach County Florida.</p> <p>Upon arrival I observed 3 vehicles to be involved in an apparent vehicle crash occupying both east bound turn lanes to go north to Forest Hill Boulevard. I noticed that the middle vehicle, a white Range Rover Velar had the passenger door open and a white male wearing a black ball cap and black shirt later identified by his Florida Driver's License as Drax Dietz (11/25/1999). As I exited my fully marked PBSO vehicle Dietz stated to me "I think she is drunk she keeps trying to start the car and go." I approached the Range Rover from the right rear passenger side and looked into the open front passenger door area where Dietz was standing. I observed a white female later identified by her Florida Driver's License as Wendy Hofmeister (07/161962) be the sole occupant of the vehicle. I also observed that she was in the driver seat with the seatbelt fastened and properly worn. I noticed that she was attempted to move the vehicles gearshift even though the vehicle was turned off. I immediately made my way to the driver side of the vehicle and fearing for the safety of myself and the other parties involved in the crash decided to have Hofmeister exit the vehicle. I noticed as I approached the driver side that Hofmeister's eyes were very glassy and bloodshot. She had a confused or disoriented look on her face and seemed to be moving with a lack of coordination. Additionally there was an odor of an unknown alcoholic beverage coming from within the vehicle. I ordered Hofmeister out of the car in full uniform and she made a dismissive swatting motion with her hand and proclaimed "no! Are you kidding me?" When Hofmeister spoke to me I again detected a strong odor of alcohol this time on her breath as she spoke. I then reached across with my left hand and released her seatbelt. I then gently took her left wrist in my hand and again ordered her out of the vehicle. I escorted Hofmeister to the front of my patrol car so that she would be captured on my in car camera system. Twice along the way Hofmeister stopped walking and attempted to return to her vehicle. As she walked I kept ahold of her arm to prevent her from stumbling into traffic because her gait was very unsteady and she had difficulty walking to my patrol car. Hofmeister stated "this is stupid that's not my car." I asked her to clarify since she just got out of a vehicle. She then stated "yeah the white one is mine." I asked if Hofmeister was diabetic, if she had any head trauma or if she had any recent surgery. She responded no to each question. Based on the indicators described I requested that a DUI respond for an evaluation. Investigator A. Soloway #8586 responded to the scene and took over the criminal investigation. I then gathered sworn statements from the additional parties involved and completed a crash report.</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH <i>D/S W. Amadon #9440</i> D/S W. AMADON (Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of JANUARY 20 20 by D/S W. AMADON (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. § 17.10)								

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF January 20 20, AT 2124 AM PM

SUBJECT: Hofmeister, Wendy, Sue CASE NUMBER: 20-032441

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. A. Soloway #8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist D/S W. Amadon with a crash involving a possible impaired driver. Upon my arrival he advised me of the following:

On Thursday January 30, 2020 at approximately 2125 hours I was dispatched to a vehicle crash located at the intersection of Wellington Trace and Forest Hill Boulevard, Village of Wellington, Palm Beach County Florida.

Upon arrival I observed 3 vehicles to be involved in an apparent vehicle crash occupying both east bound turn lanes to go north to Forest Hill Boulevard. I noticed that the middle vehicle, a white Range Rover Velar had the passenger door open and a white male wearing a black ball cap and black shirt later identified by his Florida Driver's License as Drax Dietz (11/25/1999). As I exited my fully marked PBSO vehicle Dietz stated to me "I think she is drunk she keeps trying to start the car and go." I approached the Range Rover from the right rear passenger side and looked into the open front passenger door area where Dietz was standing. I observed a white female later identified by her Florida Driver's License as Wendy Hofmeister (07/16/1962) be the sole occupant of the vehicle. I also observed that she was in the driver seat with the seatbelt fastened and properly worn. I noticed that she was attempting to move the vehicles gearshift even though the vehicle was turned off. I immediately made my way to the driver side of the vehicle and fearing for the safety of myself and the other parties involved in the crash decided to have Hofmeister exit the vehicle. I noticed as I approached the driver side that Hofmeister's eyes were very glassy and bloodshot. She had a confused or disoriented look on her face and seemed to be moving with a lack of coordination. Additionally there was an odor of an unknown alcoholic beverage coming from within the vehicle. I ordered Hofmeister out of the car in full uniform and she made a dismissive swatting motion with her hand and proclaimed "no! Are you kidding me?" When Hofmeister spoke to me I again detected a strong odor of alcohol this time on her breath as she spoke. I then reached across with my left hand and released her seatbelt. I then gently took her left wrist in my hand and again ordered her out of the vehicle. I escorted Hofmeister to the front of my patrol car so that she would be captured on my in car camera system. Twice along the way Hofmeister stopped walking and attempted to return to her vehicle. As she walked I kept ahold of her arm to prevent her from stumbling into traffic because her gait was very unsteady and she had difficulty walking to my patrol car. Hofmeister stated "this is stupid that's not my car." I asked her to clarify since she just got out of a vehicle. She then stated "yeah the white one is mine." I asked if Hofmeister was diabetic, if she had any head trauma or if she had any recent surgery. She responded no to each question.

OBSERVATION OF DRIVER:

The defendant's eyes were red and glassy. Her speech was noticeably slurred. As she walked towards the front of my vehicle she was unsteady on her feet and was swaying. The defendant had a strong and obvious odor of an unknown alcoholic beverage on her breath. She was swaying while standing and talking with me.

DRIVER'S STATEMENTS:

The driver stated she wanted to be honest and said she drank a half bottle of white wine while at Kintiki. She did not know what road we were on. She said she was coming from the Double H Horse Ranch and was going to the Double H Horse Ranch. She said she didn't know what happened. She said "it's stupid". She denied having any medical problems or taking any medications.

ODORS:

The defendant had a strong and obvious odor of an unknown alcoholic beverage on her breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant

CLOTHING: jeans, shoes, jacket

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH

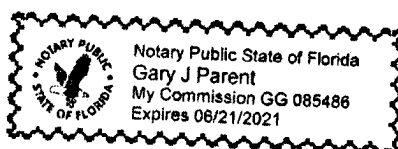
Inv. A. Soloway #8586
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of January 20 20 by Inv. A. Soloway #8586

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

Gary Parent (#7909)

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



SUBJECT: Hofmeister, Wendy, Sue

CASE NUMBER 20-032441

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

The defendant was swaying during this task. She moved her head several times.

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS: **Refused** **Refused**

STATE OF FLORIDA
COUNTY OF PALM BEACH

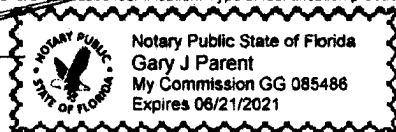
Inv. A. Soloway #8586
Signature of Arresting/Investigative Officer

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

Gary Parent (#7909)

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



WITNESS LIST

CASE NUMBER: 20-032441

ARRESTING OFFICER: Inv. A. Soloway #8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS W Amadon

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Crash investigation

NAME: Laborde, Samuel,

ADDRESS 109 Ibisca Ter, Royal Palm Beach, FL 33411

PHONE NUMBERS (HOME) (561) 635 2442 (WORK) 0

CAN TESTIFY TO: victim

NAME: August, Brenda, Elizabeth

ADDRESS 142 Sandpiper Ave, Royal Palm Beach, FL 33411

PHONE NUMBERS (HOME) (561) 236 7126 (WORK) 0

CAN TESTIFY TO: victim

NAME: Dietz, Drax, G

ADDRESS 13221 55 Rd N, W Palm Beach FL 33411

PHONE NUMBERS (HOME) (561) 234 6845 (WORK) 0

CAN TESTIFY TO: witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: 7350
SUBJECT: 11.5.2019 CASE NUMBER: 20-082441
DATE: 01/21/20 VIDEO TAPE NUMBER: 110
BEGINNING TIME: 0011 ENDING TIME: 0019
BREATH TESTS RESULTS: 1) R TIME 0012 A.M./P.M. 2) 110 TIME — A.M./P.M.
3) 110 TIME — A.M./P.M. 4) 110 TIME — A.M./P.M.
BREATH OPERATOR: G. P. ...
MAINTENANCE TECHNICIAN: ...

TESTING OFFICER'S OBSERVATIONS

SPEECH: ...
ATTITUDE: ...
CLOTHING: ...
MEDICAL CONDITIONS: ...
MEDICATIONS: ...
OTHER: ...

REFUSED

COMMENTS: A ...

A ...

A ...

REFUSED

A ...

SUBJECT: Memphis, Wayne S CASE NUMBER: 20-072741

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) Wayne S. Memphis

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) Wayne S. Memphis

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

SUBJECT: 11/27/2000, US 4 S CASE NUMBER: 20-02491

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? us 4 s

DIRECTION OF TRAVEL? west WHERE DID YOU START? home

WHAT TIME DID YOU START? 7:30 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? 12/27/00 WHAT DAY OF THE WEEK IS IT? Fri

WHAT COUNTY AND CITY ARE YOU IN NOW? ...

WHEN DID YOU LAST EAT? 11 WHAT DID YOU EAT? ...

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

HOW MUCH DO YOU WEIGH? ... HAVE YOU BEEN DRINKING? yes 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? ... WHAT? ...

ARE YOU SICK OR INJURED? no WHAT'S WRONG? ...

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

WERE YOU IN AN ACCIDENT TODAY? ...

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? ...

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? ... WHY? ...

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? ... WHEN? ...

- DO YOU HAVE:
- EPILEPSY? no
 - GLASS EYE? no
 - FALSE TEETH? no
 - EAR INFECTION? no
 - INNER EAR TROUBLE? no
 - DIABETES? no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? ...

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no 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: 2020003453	Date: 1/31/2020
	Specialist Name/ID: Gammage/5660



FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **ACKLUGE**

County: **PALM BEACH**

County Code: **06-WB**

City:

City Code: **00**

Date/Time: **Fri 01/31/2020 01:21 AM**

Agency Type: **SO**

VIOLATOR

First Name: **WENDY**

Middle: **SUE**

Last: **HOFMEISTER**

DOB: **07/16/1962**

Address: **6243 NORTHFIELD DR#732**

City: **SEYMOUR**

State: **FL**

Zip: **33469**

Telephone:

Race: **W**

Sex: **F**

Hgt: **503**

DL #: **H152897627560**

DL State: **FL**

Lic. Expires: **2026**

CDL: **N**

Ethnicity:

Class: **E**

Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2018**

Veh. Tag: **KMPM90**

Color: **WHI**

Trailer Tag:

Make: **LAND**

Yr. Tag Expires: **20**

State: **FL**

Style: **UT**

Comm. Mtr. Veh.: **N**

Plac. Haz. Mat: **N**

>= 16 Passengers: **N**

Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:

WELLINGTON TRACE/FOREST HILL BLVD

Located	Ft.	Miles	Of Node
VIOLATION			

VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,

ACCIDENT-LEAVING THE SCENE

316.061(1)

PROPERTY DAMAGE

Speed - Enhanced Penalty Zone: **N**

Unlawful Speed:

Posted Speed:

Crash: **Y** Prop. Dam.: **Y** Prop. Dam. Amt.: **1500** Aggressive Driv: **N**

Injury: **N** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign: **N**

Companion Citation Number(s):

Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled

Substances, Driving/Actual Physical Control While Impaired, or

Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.:

COURT INFORMATION

Criminal Violation, Court Required

PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX

3228 GUN CLUB ROAD

Court Date: **02/27/2020**

WEST PALM BEACH, FL 33406

Court Time: **8:30 AM**

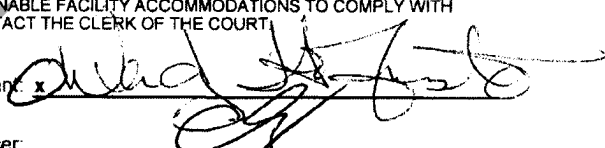
Civil Penalty: **N/A (N/A)**

Arrest Delivered To:

On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: 

Signature of Officer: _____

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

Officer name: **INV. A. SOLOWAY**

Officer ID: **8586**

Case number: **20-032441**

Troop/Unit: **VCD-WB**

Misc: **DUI**

Agency Name: **PALM BEACH SHERIFF'S OFFICE**

Agency #: