2022CT012973ASB

☐ Marsy's Law CVI FL. Const. Art.I § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06-22096311

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type

Multiple Clearance Indicator: 02

Location of Arrest (Including Name of Business): Old Court Rd/ Palmetto Cir S

Location of Offense (Business Name, Address): Old Court Rd/ Palmetto Cir S, Boca Raton, FL 33433

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/08/2022	2356 hrs					

DEFENDANT

Name (Last, First, Middle): Schwartz, Barbara, Lev

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	6/5/1942	5'00	103	BLUE	BLONDE	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: Single

Religion: NONE

Indication of: Alcohol Influence Y ☐ N ☐ Unk ☐; Drug Influence Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 7572 Regency Lake Dr Apt 202, Boca Raton, FL 33433

Phone: (561) 416-7457

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 02

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( )

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( ) 917-692-6549

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S632072427050, FL	[redacted]		MANHATTAN, NY	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle)

Residence Phone: ( )

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

Business 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 was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No

Description of Property

Value of Property

CODE

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. Synthetic U. Unknown Z. Other

CHARGE 1

Charge Description: Driving Under the Influence

Counts: 1

Domestic Violence: ☐ Y ☒ N

Statute Violation Number: 316.193(1)(A)

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
U	U		22096311		

CHARGE 2

Charge Description: DUI (Injury/Property Damage)

Counts: 1

Domestic Violence: ☐ Y ☒ N

Statute Violation Number: 316.193(3)(C)(1)

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
U	U		22096311		

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time: Month August Day 30th Year 2022 Time 1300 A.M. P.M. X

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: 08/08/2022

ADMIN

HOLD for other agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy I.D. # Pouch #: [illegible] 8101

Signature of Arresting Officer: [illegible] 39045

Name of Arresting Officer (Print) I.D. #: D/S O.CHARELUS 39045

Transporting Officer I.D. # Agency: D/S O.CHARELUS 39045 PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 04/22 DISTRIBUTION: WHITE- COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

0533630

SCANNED AUG 09 2022

3963

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF August 20 22, AT 22:36hrs AM ✓ PM

SUBJECT: Schwartz, Barbara, Lev CASE NUMBER: 22096311

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S O.CHARELUS

PERSONAL CONTACT

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

On Monday, August 8th, 2022 at approximately 22:52hrs, I responded to Old Court Rd/ Palmetto Cir S in reference a Traffic Crash (Case# 22096307) where the driver was showing signs of impairment. Upon arrival, I observed a white Kia Forte bearing FL Tag: KPZM77 crashed into a tree and a white female in a dress siting next to the vehicle being attended to by fire rescue. I later made contact with the driver, Barbara L Schwartz who was identified by FL DL. I also made contact with a witness who was on scene of the crash who provided a sworn statement of his observations. It should be noted, the witness assisted Barbara out of the driver's seat of the vehicle prior to my arrival.

OBSERVATION OF DRIVER:

While in contact with Barbara, I observed her to have red glassy bloodshot eyes. Barbara had an obvious odor of an unknown alcoholic beverage coming from her breath. Barbara had a hard time paying attention when asked basic questions. Barbara appeared to have a delayed reaction to the questions and instructions.

DRIVER'S STATEMENTS:

While on scene, Barbara stated she had 1 and a half glasses of wine prior to the crash. Barbara was repetitive in speech. Barbara stated she does did not take any medications or drugs however while at the PBSO BAT she stated she took some marijuana gummies.

ODORS:

Obvious odor of an unknown alcoholic beverage coming from Barbara.

GENERAL OBSERVATIONS

SPEECH: **Repetitive, Pronounced**

ATTITUDE: **Calm, Dazed, Cooperative**

CLOTHING: **Disheveled**

MEDICAL/OTHER: **None**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S O.CHARELUS 39045
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of August 20 22 by D/S O.CHARELUS

(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)

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

NOT A CERTIFIED COPY

SCANNED
AUG 09 2022

SUBJECT: Schwartz, Barbara, Lev CASE NUMBER 22096311

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] 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:

Barbara was swaying while standing. Barbara had to be reminded multiple times to follow the stimulus with her eyes and her eyes only. Barbara continued to move her head after being told not to. Barbara appeared to have a delayed reaction to the stimulus and instructions.

WALK & TURN:

During the Walk and Turn, Barbara was provided the instructions for the exercise in which she advised she understood. Barbara struggled to maintain her balance while being provided the instructions and started the exercise multiple times prior to being told to do so. Barbara nearly fell over and used her arms for balance multiple times.

During the walking phase, Barbara stepped off the line multiple times and used her arms for balance while walking. Barbara took an improper amount of steps and performed an improper turn at the end of the initial steps. After making an improper turn, Barbara began walking in a 90 degree angle away from the line and had to be reminded to stay on the line on the return steps.

ONE LEG STAND:

During the One Leg Stand, Barbara was provided the instructions for the exercise in which she advised she understood. Barbara struggled to count and balance at the same time during the exercise. She put her foot down multiple times, used her arms for balance and was swaying throughout the entirety of the exercise. Barbara also counted in correctly One thousand one, One thousand two ... Seven, Eight, Nine.

ROMBERG ALPHABET:

During the Romberg Alphabet, Barbara was provided the instructions for the exercise in which she advised she understood. Barbara stated her highest level of education was college. She recited the alphabet in the following fashion: A,B,C,D,E,F,G,H,I,J,K,L,O,N,O, P,Q,U,V,W,X,Y,Z in approximately 21 seconds.

During the Modified Romberg, Barbara was provided the instructions for the exercise in which she advised she understood. Barbara estimated 24.5 seconds to be 30 seconds elapsed in her head.

FINGER TO NOSE:

During the Finger to Barbara was provided the instructions for the exercise in which she advised she understood. When given the instructions of left or right, Barbara missed the tip of her nose each time she was instructed to use her left finger. Barbara had to be reminded to put her finger down multiple times.

BREATH TEST RESULTS: | 1) .034 | 2) .031 | 3) Urine | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S O.CHARELUS 39045
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of August 2022 by D/S O.CHARELUS

(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)

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

NOT ACCEPTED COPY

SCANNED
AUG 09 2022

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

PBSO CASE # **22096311** PBSO ZONE **7-11**

AGENCY CASE # _____ CRASH CASE # **22096307**

TIME OF STOP/CRASH **22:26hrs** DATE **08/08/2022** DAY **Monday**

SUBJECT'S NAME **Schwartz, Barbara, Lev** RACE **W** SEX **F**

HGT **5'00** WGT **120** DOB **6/5/1942**

LOCATION **Old Court Rd/ Palmetto Cir S**

ARRESTING OFFICER'S NAME & ID **D/S O.CHARELUS (39045)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **Patrol**

NOTIFIED BY COMMO **YES**

ARRIVAL AT FACILITY 0059

ARREST TIME **2356 hrs**

BREATH RESULTS:

1) .034
2) .031
3) Urine
4)

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

NOT A CERTIFIED COPY

SCANNED
AUG 09 2022

[redacted]

TOXICOLOGY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: **PBSO** Case #: **22096311**

Officer: **D/S O.CHARELUS** ID#: **39045** Email: **CharelusO@Pbso.org**

Specimen Collected By: **D/S O.Charelus** Date: **August 9, 2022** Time: **01:49hrs**

Specimen Collected From: **Schwartz, Barbara, Lev** Age: **80** Sex: **F** Hgt: **5'00** Wgt: **103**

Specimen Type: ☐ Blood ☒ Urine ☐ Beverage ☐ Other-Describe

Type of Case: ☐ Traffic Crash ☐ Fatality ☒ DWI/DUI ☐ Other Date: Time:

Potential Felony? ☐ Yes ☒ No

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s):

Subject Arrested: ☒ **Yes** ☐ **No**

Breath Test Performed? ☒ Yes ☐ No Results: **.034 .032 Urine**

Tests requested: ___Blood Alcohol ___Blood Drug Screen _X_Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or toxicologyrequest@pbso.org.

DRE exam performed: ☐ Yes ☐ No DRE Officer: Agency:

DRE Opinion: DRE Email:

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

NOT A CERTIFIED COPY

SCANNED
AUG 09 2022

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Schwartz, Barbara L

CASE NUMBER: 22- 096311

DATE: Aug 9, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0122

ENDING TIME: 0146

BREATH TESTS RESULTS: 1) .034 TIME 0127 A.M. ☒ P.M. ☐ 2) .031 TIME 0130 A.M. ☒ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick

ATTITUDE: calm, cooperative

CLOTHING: green/white dress, white sandals

MEDICAL CONDITIONS: Nueropothy

MEDICATIONS: Gabapantin

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject drank 1 glass of wine and a sip of the 2nd glass & marijuana gummy - Q&A

COMMENTS:

Arrived at center A/O conducted 20 minute observation period at 0059 hrs
subject agreed to perform breath test
subject completed breath test
tech read breath test results & subject understood breath test results
A/O requested urine sample @ 0133
subject agreed to provide urine sample @ 0133
A/O read I/C & subject understood I/C
Subject agreed to provide urine sample @ 0135
A/O read rights & subject understood rights
A/O conducted Q&A
subject answered questions
subject provided urine sample @ 0149

NOT A CERTIFIED COPY

SCANNED
AUG 09 2022

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: 08/09/2022

Date of Last Agency Inspection: 07/15/2022
Observation Period Began: 00:59
Subject's Name: BARBARA L SCHWARTZ DOB: 06/05/1942 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	01:25
Air Blank	0.000	01:25
Control Test	0.079	01:25
Air Blank	0.000	01:26
Subject Sample #1	0.034	01:27
Air Blank	0.000	01:28
Air Blank	0.000	01:30
Subject Sample #2	0.031	01:30
Air Blank	0.000	01:31
Control Test	0.079	01:31
Air Blank	0.000	01:31
Diagnostics Check	OK	01:32

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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 Leahey Date: 08/09/2022
Signature

Sworn to (or affirmed) before me this 09 day of August, 2022

O Charles 39045 D/S O Charles #39045
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

SCANNED
AUG 09 2022

WITNESS LIST

CASE NUMBER: 22096311

ARRESTING OFFICER: D/S O.CHARELUS

ADDRESS: 17901 SR-7, Boca Raton, FL 33428

PHONE NUMBERS (HOME): 561-687-6510 (WORK)

CAN TESTIFY TO: DUI Investigation

NAME: D/S C.Jacobs #25508

ADDRESS: 17901 SR-7, Boca Raton, FL 33428

PHONE NUMBERS (HOME) 561-687-6510 (WORK)

CAN TESTIFY TO:

NAME: Field, Mitchel, Charles

ADDRESS 6037 Old Court Rd Apt 905, Boca Raton, FL 33433

PHONE NUMBERS (HOME) (561) 809-9912 (WORK) 0

CAN TESTIFY TO: Wheel Witness

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK) 0

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:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NOT A CERTIFIED COPY

SCANNED
AUG 09 2022

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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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)_____

NOT A CERTIFIED COPY

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: DA

SCANNED
AUG 09 2022

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? NO HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? 1/1

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

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

DO YOU LIMP? NO 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? NO
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? NO

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? N Y

INTERVIEWER: _____

NOT A CERTIFIED COPY

SCANNED
AUG 09 2022

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLDENROD

PBSO #0129C REV. 9/93

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2022020520	**Date:** 08/09/2022
	Specialist Name/ID: C. Smith/39657

SCANNED
AUG 09 2022