



Arrest Report

0535330

22CT17435ANB

3469

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

FHPL

Report Date / Time 10/16/2022 06:56 PM	Report Number FHP99ARR848203	Case Number/Cad Number FHP22ON0533328 / RCC22IN0789499	Reporting Officer Name GRANT, JEROME
Originating Agency ORI FL0509000	Occur Date Time Range 10/16/2022 18:14:31 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description NB I-95 EXIT RAMP TO HYPOLUXO ROAD		
Street Number I-95	Street	Apt/Lot/Bldg	City LAKE WORTH	State FL
				Zip Code 33462

Defendant

First Name BRIDGET	Middle Name MICHELLE	Last Name DELORME	Suffix	Race WHITE	Sex FEMALE	Height 504	Weight 150	Hair BRO	Eyes BRO
MNI #	SSN	Date of Birth 06/05/1999	Age 23	ID Type E	Drivers License or other ID D465073997050	State FL	OCA / Agency ID		
Place of Birth:		ORLANDO FL USA							
Address * RESIDENCE / 7757 ROCKPORT CIR, LAKE WORTH, FL 33467 /									

Arrest

Arrest Date/Time 10/16/2022 07:47:08 PM	Arrest Location Type PUBLIC PLACE	Arrest Location Description NB I-95 EXIT RAMP TO HYPOLUXO ROAD		
Street Number I-95	Street	Apt/Lot/Bldg	County PALM BEACH	City LAKE WORTH
				State FL
				Zip Code 33462

Charge : S

Counts 1	Charge 316.193.1a	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR		
General Offense Code	Arrest Offense Code DUI-UNLAW BLD ALCH		
Charge Description DUI INFLUENCE OF ALCOHOL OR DRUGS			

Bond Set by Court

Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

Probable Cause

On Sunday, October 16th, 2022 at approximately 6:02 P.M., I Trooper Jerome A. Grant ID# 1626 was

Arrest Report

SCANNED

OCT 17 2022

Don 2696

10/17/2022 11:25

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taking part in an Aerial Traffic Enforcement Detail on Interstate 95 (State Road 9) northbound, just south of Gateway Blvd in Palm Beach County, Florida.

We were stationary on the left inside shoulder in my fully marked and identifiable Florida Highway Patrol Agency vehicle with painted insignias. The aircraft pilot was Sergeant J. Wigfall (I.D. # 231). Sergeant Wigfall clocked a white vehicle traveling southbound in the inside lane (HOV lane) at 96 miles per hour in a posted 65-mile per hour speed limit zone. I accelerated my patrol vehicle from the left shoulder and took a position directly behind the vehicle in lane #2 lane. Sergeant Wigfall confirmed I was behind the correct white vehicle. I then attempted to conduct a traffic stop on the white vehicle bearing Florida License Plate # 85ATTM with my emergency equipment activated (Blue Lights & Siren). The vehicle pulled off northbound Interstate 95 exit ramp to Hypoluxo Road on the left paved emergency shoulder.

I approached the vehicle on the driver side and identified myself to the driver and the reason why I conducted a traffic stop on her vehicle. I identified the driver a white female by her Florida's driver's license number (D-465-073-99-705-0) as Bridget M. Delorme, with a date of birth of 06/05/1999. While speaking with Ms. Delorme I immediately smelled a strong odor of an unknown alcoholic beverage emitting from her mouth area, I observed that her eyes were blood shot red, glossy, and her speech was slurred. Ms. Delorme also had trouble providing her driver's license by giving me a credit card and had trouble providing her insurance card by providing an unknown billing statement document. I advised Ms. Delorme that she was receiving a citation for speeding and that I would be conducting a DUI investigation to check if her normal faculties were impaired to operate a motor vehicle. I asked Ms. Delorme where she was coming from and if she had anything to drink. Ms. Delorme stated she was at Throw Social dinning and bar in Delray Beach FL. Ms. Delorme advised that she had three 12oz of Champaign flutes at 11:30am and at 2:30pm had one 12oz drink of asperol spritz at Elisabetta's ristorante. I also observed that Ms. Delorme was wearing a blue wristband consistent with an establishment that serves alcoholic beverages.

I asked Ms. Delorme if she was willing to perform standardized field sobriety exercises in which she agreed to perform them. She also consented to being transported off Interstate 95 to perform the exercises for her safety. She was transported to the WAWA Gas Station on Hypoluxo Road, just west of Interstate 95. Prior to administering the exercises, I asked if she had any medical conditions and she stated asthma. I asked if she was taking any medications and she stated no. Video footage and audio of the exercises is available upon request.) Each exercise was explained and demonstrated prior to the subject attempting to perform the exercise.

Horizontal Gaze Nystagmus Exercise (Stream light ed LED pen used as a contrasting stimulus)

-I checked for equal pupil size and equal tracking; Both pupils were equal in size and both eyes tracked the stimulus equally.

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- I observed a lack of smooth pursuit in both eyes
- I observed distinct and sustained nystagmus at maximum deviation in both eyes
- I observed distinct and sustained nystagmus prior to 45 degrees in both eyes

Walk and Turn Exercise (At WAWA gas station parking lot, straight painted floor line used)

- Did not keep arms to her side, used arms to balance
- Started exercise before instructed to start
- Did not touch heel to toe three out of the nine steps

One Leg Stand Exercise

- Started exercise before instructed to start
- Did not keep arms to her side, used arms to balance
- She would sway back and forth throughout the length of the exercise
- When counting out loud, she missed "one thousand eighteen" and jumped from seventeen to nineteen.

Based upon the performance of the above exercises and the totality of the circumstances I determined that there was probable cause to believe that Ms. Delorme committed the offense of driving under the influence by being in actual physical control/operating a motor vehicle while under the influence of alcoholic beverages, any chemical substance per Florida State Statute 877.111, or any controlled substance per Chapter 893, while their normal faculties were impaired. Ms. Delorme was placed under arrest at 6:47pm, for the above offense and handcuffed behind her back double locked and tightened. After being searched by a female officer she was placed in the backseat of my marked patrol vehicle with the seat belt placed around her for safety. Ms. Delorme was later transported to the Palm Beach County Breath Alcohol Testing (BAT) facility. At the BAT facility a 20-minute observation period was conducted where she did not ingest anything by mouth or regurgitate (her mouth was confirmed to be empty prior to beginning of the observation period). She was then asked to provide a breath test sample for the purpose of determining to the alcoholic content of her breath. Ms. Delorme agreed to provide breath samples of her breath. Mr. Delorme was read her constitutional rights and she refused to answer any questions.

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1st breath sample, BAC: .208

2nd breath sample, BAC: .191

After proving breath test samples, Ms. Delorme was booked into the Palm Beach County Jail

All the above events occurred in Palm Beach County, FL.

Note: My patrol vehicle is equipped with in car video and audio that is available upon request

Jail Booking Facility


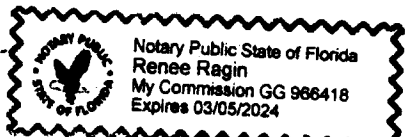
Booking Date/Time	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406			Booking Number
Booking Comments			

Court

Court County PALM BEACH	Court Location 3188 PGA BLVD. PALM BEACH GARDENS, FL 33410		
Court PALM BEACH NORTH COUNTY COURTHOUSE	Court Phone 561-624-6608	Court Appearance Date / Time 11/16/2022 10:00AM	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
GRANT, JEROME TPR 4769	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPLILWRCC\PALM BEACH\BROW LN TO SR804

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer			Sworn and subscribed before me, the undersigned authority This the <u>16</u> day of <u>Oct.</u> , <u>2022</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Name GRANT, JEROME	Office Rank TPR	Officer ID No 4769	
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature 			
			

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OBTS Number	Other Number	Clearance	
<input type="radio"/> No Bill / Petition <input type="radio"/> Issue Warrant <input type="radio"/> Prosecution Approved			Signature of Assistant State Attorney _____ Date _____

NOT A CERTIFIED COPY



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

PBSO CASE # 22-119589 AGENCY CASE# FHP22ON0533328

AGENCY ZONE 6-12 CRASH CASE # _____

TIME OF STOP/CRASH 6:14PM DATE 10/16/2022 DAY SUNDAY

SUBJECT'S NAME BRIDGET M. DELORME RACE WHITE SEX F

HGT 5'04 WGT 135LBS DOB 06/05/1999

LOCATION NB I-95 EXIT RAMP TO HYPOLUXO ROAD

ARRESTING OFFICER'S NAME & ID TPR GRANT, JEROME #4769 AGENCY FLORIDA HIGHWAY PATROL

DIVISION: TROOP L - LAKE WORTH

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 19:42

BREATH RESULTS:

1. .208

2. .191

3. N/A

4. N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

ARREST TIME 18:47PM

NOT A CERTIFIED COPY

SUBJECT: _____

CASE NUMBER: FHP22DN153328

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 Trooper James A. Grant of the Florida Highway Patrol

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) _____

SUBJECT: _____ CASE NUMBER: FAR200N153308

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

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: D. J. ...

**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: 10/16/2022

Date of Last Agency Inspection: 09/16/2022
Observation Period Began: 19:42
Subject's Name: BRIDGET M DELORME

DOB: 06/05/1999 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	20:10
	Air Blank	0.000	20:10
	Control Test	0.080	20:11
	Air Blank	0.000	20:11
	Subject Sample #1	0.208	20:12
	Air Blank	0.000	20:12
	Air Blank	0.000	20:14
	Subject Sample #2	0.191	20:15
	Air Blank	0.000	20:15
	Control Test	0.080	20:16
	Air Blank	0.000	20:16
	Diagnostics Check	OK	20:16

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 RENEE M RAGIN, 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: _____ Date: 10/16/22
Signature

Sworn to (or affirmed) before me this 16 day of Oct., 2022
Signature of Notary Public-State of Florida Tr. J. Grant # 4769
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 322.2515, F.S.

TESTING FACILITY TASK REPORT

AGENCY: FHP

SUBJECT: Delorme, Bridget M.

CASE NUMBER: 22-119589

DATE: Oct 16, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:07

ENDING TIME: 20:18

BREATH TESTS RESULTS: 1) .208 TIME 20:12 A.M. P.M. 2) .191 TIME 20:15 A.M. P.M.
3) N/A TIME _____ A.M. P.M. 4) N/A TIME _____ A.M. P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, agitated, rude

CLOTHING: Green dress, peach sandals

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & red
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 19:42 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated she understood rights.

Tech read breath test results.
Subject stated she understood breath test results.

NO Q&A Conducted.



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022027129	Date: 10/17/2022
	Specialist Name/ID: M. Tooks #8557