0425291 22CT/1022 1430

☐ Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O. On-View 3. Request for Warrant S. Summons T. Taken into Custody

☐ JUVENILE

ADMINISTRATION

OBTS Number			

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500800	West Palm Beach Police Department	9 4 2022-0009523

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 UNARMED — Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1117 PALM BEACH LAKES BLVD, WPB, FL	1117 PALM BEACH LAKES BLVD, WEST PALM BEACH, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/29/2022	23:27	06/29/2022	23:37	/ / : :		

DEFENDANT

Name (Last, First, Middle): ARRINGTON, CATHERINE LUELLA — Alias:

Race (W - White, B - Black, I - American Indian, A - Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	12/03/1965	5'05	115	BLUE	BLOND OR	FAIR	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence ☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Home Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
290 N OLIVE AVE 627, WEST PALM BEACH, FL 33401				(312) 399-6686	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone	Address Source
290 N OLIVE AVE 627, WEST PALM BEACH, FL 33401					VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Work Phone	Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A652132659430 / FL	[redacted]		CHICAGO, IL, United	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: _____ Name (Last, First, Middle) (1) n/a — Residence Phone

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

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship — Date — Time

(2) n/a

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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

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. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #
DUI ALCOHOL OR DRUGS 2ND OFF	316.193(~~2A~~) 1A 96	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
REFUSAL TO SUBMIT TO CHEMICAL OR PHYSICAL TEST	316.1939(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Ported Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported / / : : — Time Transported — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

SCANNED JUN 30 2022

Location (Court, Room): Criminal Justice — CRIMINAL JUSTICE COMPLEX
Court Date and Time: 07/28/2022 08:30:00 — 3228 GUN CLUB ROAD

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE.
I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY
AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.
(312) 399-6686 — INITIAL

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Property — I.D. — Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): GITTENS, THOMAS — I.D. #: 02263

Transporting Officer: GITTENS — I.D. #: 2263 — Agency: WPBPD

Name Verification (Printed by Arrestee) (PRINT)

JUN 30 AM 2:34

Witness here if subject signed with an "X".

PAGE 1 OF 1

DUI PROBABLE CAUSE AFFIDAVIT

On the 29th Day of June at 2319 A.M. P.M.

Subject: Catherine L. Arrington Case Number: 20220009523

Agency: West Palm Beach Police Department Arresting Officer: Gittens #2263

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

The Officer handling the crash investigation stated when he arrived on scene Catherine Arrington was in the driver's seat in physical control of her vehicle. He advised Arrington had struck another vehicle traveling in the same direction in the rear.

Observation of Driver

When I arrived on scene Arrington was still in the driver's seat in physical control of her vehicle. I immediately observed an open bottle of Buck Shack Cabernet Sauvignon Whiskey in the driver side floorboard next to her feet. Arrington had bloodshot/glassy eyes and slow/slurred speech. Arrington had a strong odor of alcohol coming from her that became stronger as she spoke. When I asked Arrington to put the things in her lap in the passenger seat and exit the vehicle, she could not follow instructions. Arrington would put one item down and then pick another item up. Eventually I had to physical take the items from her and remove her from the vehicle. Arrington could barley stand on her own. Arrington was reaching for me and another Officer to hold on to. When I asked Arrington to walk over to a patrol vehicle on her own, she stumbled again and reached for me. Arrington was so unsteady on her feet she had to be kept from falling multiple times by Officers.

Drivers Statements:

I read Arrington her Miranda Warnings and she agreed to answer questions. Arrington had a very hard time answering any questions. Arrington could not say where she was coming from or where she was going to. Arrington stated she had a few drinks. I asked Arrington if she had been drinking the bottle of whiskey next to her feet and she said she had.

Odors:

Arrington had a strong odor of alcohol coming from her that became stronger as she spoke.

General Observations

Speech: Slow and slurred

Attitude: Incoherent

Clothing: Pink shirt and pink/gray/white pants

Medical Problems/Medications: Stated she had hypertension

Other: I transported Arrington to the PBSO BAT where she stated she would be willing to give a sample for the state approved breath test. However, Arrington refused to follow instructions and provide a sample for the state approved breath test. Arrington was read implied consent and again refused to follow instructions and provide a sample.

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Catherine L. Arrington **Case Number:** 20220009523

Roadside Tasks

Horizontal Gaze Nystagmus

- ■ Left Eye Does Not Follow Smoothly
- ■ Left Eye Jerks at 45 Degree Angle or Less
- ■ Distinct Jerking Left Eye at Maximum Deviation
- ■ Right Eye Does Not Follow Smoothly
- ■ Right Eye Jerks at 45 Degree Angle or Less
- ■ Distinct Jerking Right Eye at Maximum Deviation

I asked Arrington if she wore any contacts or glasses. Arrington advised she did not. I asked Arrington if she had any eye conditions and she stated she didn't. I told Arrington the first evaluation would be to check her eyes. I held up my left index finger and told Arrington to look at the tip of my finger. Arrington had a hard time looking at the tip of my finger. I checked Arrington's eyes for equal pupil size and resting nystagmus. Arrington had equal pupil size and did not have resting nystagmus. I then told Arrington with her eyes and only her eyes only to follow the tip of my finger. Arrington had a very hard time following instructions and had to be constantly reminded to follow the tip of my finger and not move her head. I repeatedly told Arrington to keep her head still. I had to make multiple passes with my finger from center to maximum deviation then back to center on each eye to check Arrington's eyes for equal tracking due to Arrington not following instructions. Arrington's eyes tracked equally. Due to Arringtons inability to follow instructions I advised her of her Taylor Warnings. After medically qualifying Arrington I immediately started two passes on each eye from center to maximum deviation then back to center to check for lack of smooth pursuit. Multi passes had to be made due to Arrington not following instructions. On the passes Arrington followed instructions I saw nystagmus in each eye. After checking for lack of smooth pursuit I immediately started two passes on each eye to check for distinct and sustained nystagmus at maximum deviation. I moved my finger from center to maximum deviation, holding at maximum deviation for approximately eight seconds then back to center for both eyes. Again, Arrington failed to follow instructions on some of the passes and additionally passes had to be made. On the passes Arrington followed instructions I saw distinct and sustained nystagmus at maximum deviation for each eye. I then started two passes on each eye to check for onset of nystagmus prior to 45 degrees. I saw nystagmus prior to 45 degrees on each eye during both passes. After checking for onset of nystagmus prior to 45 degrees, I started two passes for vertical nystagmus and did not see vertical nystagmus in either eye.

Walk and Turn Task

I told Arrington I was going to start my next evaluation. I told Arrington that she needed to stand with her feet together and her arms down by her side. I asked Arrington to put her right heel touching her left toe along the line (yellow traffic line) in front of her and to remain standing in that position until I told her to begin the evaluation. I asked Arrington if she understood those instruction and she said yes. Arrington could not follow instructions and continually walked toward me, reaching for me. I gave Arrington numerous attempts to follow instructions, but she refused to do so. Due to Arrington refusing to follow instructions I had to move on to the next evaluation.

One Leg Stand

I told Arrington I was going to start the next evaluation. I asked Arrington to stand with her feet together and her arms down by her side. I advised her would tell her when to begin. I instructed Arrington to raise either one of her feet approximately six inches off the ground, parallel to the ground. I told Arrington to count out loud in this manner "one thousand one, one thousand two, one thousand three" and so on until I told her to stop. Before I could finish giving instructions Arrington started counting out loud and refusing to follow instructions.

Finger To Nose

Refused

Romberg Balance

Refused

Breath Results from Instrument

1st Result Refused **2nd Result** **3rd Result** (If Applicable)

State of Florida

County of Palm Beach

The Following instrument was notorized or sworn before me this **(DATE)**

☑ Personaly Known ☐ Produced Identification ☐ Notary Public

Notary / Clerk of Courts / Officer (FSS: 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

Signature of Arresting Officer #2263

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

PBSO CASE # 22-082707 PBSO ZONE 3-22

AGENCY CASE # 20220009523 CRASH CASE #

TIME OF STOP/CRASH 2158 DATE 6/29/2022 DAY Wed

SUBJECT'S NAME Catherine L. Arrington RACE W SEX F

HGT 504 WGT 115 DOB 12/3/1965

LOCATION 1117 Palm Beach Lakes Blvd

ARRESTING OFFICER'S NAME & ID Gittens #2263 AGENCY WPBPD

DIVISION:

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2319

Arrest Time 2304

BREATH RESULTS:

1. VNM
2. VNM
3. REFUSED
4.

TESTING OFFICER'S ID 19183

TESTING FACILITY TASK REPORT

AGENCY: WPPD

SUBJECT: Arrington, Catherine L | CASE NUMBER: 22-082707

DATE: Jun 29, 2022 | VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2342 | ENDING TIME: 0004

BREATH TESTS RESULTS: 1) VNM TIME 2349 A.M.☐ P.M.☒ 2) VNM TIME 2355 A.M.☐ P.M.☒

3) R TIME 0001 A.M.☒ P.M.☐ 4) n/a TIME 0 A.M.☐ P.M.☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: sleeping, lethargic

CLOTHING: black/pink/white yoga pants, pink l/s shirt, no shoes

MEDICAL CONDITIONS: muscle relaxers

MEDICATIONS: Clonasapan & a few others names unknown

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath
VNM .165 & VNM .168

REFUSED

COMMENTS:

arrived at center A/O conducted 20 observation period at 2319 hrs

subject agreed to perform breath test - would not follow instructions - no tight seal, stopped blowing, blocked mouth piece with tongue & teeth

A/O read I/C 2X & subject understood I/C

subject agreed to perform breath test - would not follow instruction- no tight seal, stopped blowing, blocked mouth piece with tongue & teet

A/O called refusal @ 0001

A/O read rights & subject would not answer if she understood rights REFUSED

A/O did not attempt Q&A

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: 80-006239 Software: 8100.27
Date of Test: 06/29/2022

Date of Last Agency Inspection: 06/03/2022
Observation Period Began: 23:19
Subject's Name: CATHERINE L ARRINGTON DOB: 12/03/1965 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	23:45
Air Blank	0.000	23:45
Control Test	0.080	23:46
Air Blank	0.000	23:46
Subject Sample #1	VNM*	23:49
Air Blank	0.000	23:50
Air Blank	0.000	23:52
Subject Sample #2	VNM**	23:55
Air Blank	0.000	23:56
Control Test	0.078	23:56
Air Blank	0.000	23:56
Diagnostics Check	OK	23:56

*Volume Not Met (0.165 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Volume Not Met (0.168 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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: 06/29/2022
Signature

Sworn to (or affirmed) before me this 29 day of June, 2022

Signature of Notary Public-State of Florida

Ofc T Gifford #2263
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

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: 80-006239 Software: 8100.27
Date of Test: 06/30/2022

Date of Last Agency Inspection: 06/03/2022
Observation Period Began: 23:19
Subject's Name: CATHERINE L ARRINGTON DOB: 12/03/1965 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	23:59
Air Blank	0.000	23:59
Control Test	0.078	23:59
Air Blank	0.000	00:00
Subject Sample #1	REF*	00:01
Air Blank	0.000	00:02
Control Test	0.079	00:02
Air Blank	0.000	00:03
Diagnostics Check	OK	00:03

*Subject Test Refused

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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: 06/30/2022
Signature

Sworn to (or affirmed) before me this 30 day of June, 2022

Signature of Notary Public-State of Florida

Ofc T Gittens # 2263
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

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)_____

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? _____ 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: _____

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:	

REVIEW COMPLETED BY

Booking Number: 2022016698	**Date:** 06/30/22
	Specialist Name/ID: T.Howard/7185