

0.533087

50.2022. CT - 011529 - AMB

2724

☐ Marsy's Law CVI FL Const. Art.1 § 16(b)☐ Check if Supplement is Attached

| OBTS Number                                                                                                                                                                                                                                                                                                                                         |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report |  | 1. Arrest<br>2. N.T.A.                                                                       |  | 3. Request for Warrant<br>4. Request for Capias                               |  | 1                                                                                                                                           |  | Juvenile                                                                     |  | N                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| Agency ORI Number<br>FLO 5 0 0 0 0 0                                                                                                                                                                                                                                                                                                                |  | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE     |  | Agency Report Number (N.T.A.'s only)<br>0 6 1-22088702                                       |  |                                                                               |  |                                                                                                                                             |  |                                                                              |  |                                                                                                                       |  |
| Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                  |  | If Weapon Seized<br>Enter Type N/A                    |  | Multiple<br>Clearance<br>Indicator                                                           |  |                                                                               |  |                                                                                                                                             |  |                                                                              |  |                                                                                                                       |  |
| Location of Arrest (Including Name of Business)<br>101 LAKE TERRY DR, WEST PALM BEACH, FL 33411                                                                                                                                                                                                                                                     |  |                                                       |  | Location of Offense (Business Name, Address)<br>101 LAKE TERRY DR, WEST PALM BEACH, FL 33411 |  |                                                                               |  |                                                                                                                                             |  |                                                                              |  |                                                                                                                       |  |
| Date of Arrest<br>07/17/2022                                                                                                                                                                                                                                                                                                                        |  | Time of Arrest<br>0216                                |  | Booking Date                                                                                 |  | Booking Time                                                                  |  | Jail Date                                                                                                                                   |  | Jail Time                                                                    |  | Location of Vehicle<br>N/A                                                                                            |  |
| Name (Last, First, Middle)<br>Dresson, Destiny, Lee                                                                                                                                                                                                                                                                                                 |  |                                                       |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                         |  |                                                                               |  |                                                                                                                                             |  |                                                                              |  |                                                                                                                       |  |
| Race<br>W - White<br>B - Black                                                                                                                                                                                                                                                                                                                      |  | 1 - American Indian<br>O - Oriental/Asian             |  | Sex<br>W F                                                                                   |  | Date of Birth<br>9/12/2001                                                    |  | Height<br>5'07                                                                                                                              |  | Weight<br>120                                                                |  | Eye Color<br>GREEN                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                     |  |                                                       |  |                                                                                              |  |                                                                               |  |                                                                                                                                             |  | Hair Color<br>BROWN                                                          |  | Complexion<br>MED                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                     |  |                                                       |  |                                                                                              |  |                                                                               |  |                                                                                                                                             |  |                                                                              |  | Build<br>SMALL                                                                                                        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>RIGHT ARM, BACK, LEFT WRIST                                                                                                                                                                                                                                        |  |                                                       |  | Marital Status<br>Single                                                                     |  | Religion<br>CATHOLIC                                                          |  | Indication of:<br>Alcohol Influence<br>Drug Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> |  |                                                                              |  |                                                                                                                       |  |
| Local Address (Street, Apt. Number)<br>1127 Lake Terry Dr Apt D, West Palm Beach, FL 33411                                                                                                                                                                                                                                                          |  |                                                       |  | (City)                                                                                       |  | (State)                                                                       |  | (Zip)                                                                                                                                       |  | Phone<br>(561) 801-5012                                                      |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State                                              |  |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                             |  |                                                       |  | (City)                                                                                       |  | (State)                                                                       |  | (Zip)                                                                                                                                       |  | Phone<br>( )                                                                 |  | Address Source<br>VERBAL / FL DL                                                                                      |  |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                                                     |  |                                                       |  | (City)                                                                                       |  | (State)                                                                       |  | (Zip)                                                                                                                                       |  | Phone<br>( )                                                                 |  | Occupation<br>CHIPOLTE SERVICE MANAGER                                                                                |  |
| D/L Number, State<br>D625172018320, FL                                                                                                                                                                                                                                                                                                              |  |                                                       |  | Soc. Sec. N                                                                                  |  | INS Number                                                                    |  | Place of Birth (City, State)<br>PLANTATION, FL                                                                                              |  | Citizenship<br>YES                                                           |  |                                                                                                                       |  |
| Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                                  |  |                                                       |  | Race                                                                                         |  | Sex                                                                           |  | Date of Birth                                                                                                                               |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                                  |  |                                                       |  | Race                                                                                         |  | Sex                                                                           |  | Date of Birth                                                                                                                               |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:<br>Name (Last) (First) (Middle)<br>Address (Street, Apt. Number) (City) (State) (Zip)<br>Business Phone ( )                                                                                                                          |  |                                                       |  | Residence Phone ( )                                                                          |  |                                                                               |  |                                                                                                                                             |  |                                                                              |  |                                                                                                                       |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                                                 |  |                                                       |  | Date                                                                                         |  | Time                                                                          |  | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released.<br>2. TOT HRS/DYS<br>3. Incarcerated                                |  |                                                                              |  |                                                                                                                       |  |
| Released To: (Name)                                                                                                                                                                                                                                                                                                                                 |  |                                                       |  | Relationship                                                                                 |  | Date                                                                          |  | Time                                                                                                                                        |  |                                                                              |  |                                                                                                                       |  |
| The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason) |  |                                                       |  | School Attended                                                                              |  |                                                                               |  | Grade                                                                                                                                       |  |                                                                              |  |                                                                                                                       |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                         |  |                                                       |  | Description of Property                                                                      |  |                                                                               |  | Value of Property                                                                                                                           |  |                                                                              |  |                                                                                                                       |  |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                               |  |                                                       |  | S. Sell<br>B. Buy<br>T. Traffic                                                              |  | R. Smuggle<br>D. Deliver<br>E. Use                                            |  | K. Dispense/<br>Distribute                                                                                                                  |  | M. Manufacture/<br>Produce/<br>Cultivate                                     |  | Z. Other                                                                                                              |  |
| Charge Description<br>Driving Under The Influence                                                                                                                                                                                                                                                                                                   |  |                                                       |  | Counts<br>1                                                                                  |  | Domestic<br>Violence<br>Y <input type="checkbox"/> N <input type="checkbox"/> |  | Statute Violation Number<br>316.193(1)(A)                                                                                                   |  | Violation of ORD #                                                           |  |                                                                                                                       |  |
| Drug Activity<br>U                                                                                                                                                                                                                                                                                                                                  |  |                                                       |  | Drug Type<br>U                                                                               |  | Amount / Unit                                                                 |  | Offense #<br>22088702                                                                                                                       |  | Warrant / Capias Number                                                      |  | Bond                                                                                                                  |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                  |  |                                                       |  | Counts                                                                                       |  | Domestic<br>Violence<br>Y <input type="checkbox"/> N <input type="checkbox"/> |  | Statute Violation Number                                                                                                                    |  | Violation of ORD #                                                           |  |                                                                                                                       |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                       |  |                                                       |  | Drug Type                                                                                    |  | Amount / Unit                                                                 |  | Offense #                                                                                                                                   |  | Warrant / Capias Number                                                      |  | Bond                                                                                                                  |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                  |  |                                                       |  | Counts                                                                                       |  | Domestic<br>Violence<br>Y <input type="checkbox"/> N <input type="checkbox"/> |  | Statute Violation Number                                                                                                                    |  | Violation of ORD #                                                           |  |                                                                                                                       |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                       |  |                                                       |  | Drug Type                                                                                    |  | Amount / Unit                                                                 |  | Offense #                                                                                                                                   |  | Warrant / Capias Number                                                      |  | Bond                                                                                                                  |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                  |  |                                                       |  | Counts                                                                                       |  | Domestic<br>Violence<br>Y <input type="checkbox"/> N <input type="checkbox"/> |  | Statute Violation Number                                                                                                                    |  | Violation of ORD #                                                           |  |                                                                                                                       |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                       |  |                                                       |  | Drug Type                                                                                    |  | Amount / Unit                                                                 |  | Offense #                                                                                                                                   |  | Warrant / Capias Number                                                      |  | Bond                                                                                                                  |  |
| Location (Court, Room Number, Address)<br>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600                                                                                                                                                                                                              |  |                                                       |  | Court Date and Time<br>Month AUGUST Day 4th Year 2022 Time 0830 A.M. X P.M.                  |  |                                                                               |  |                                                                                                                                             |  |                                                                              |  |                                                                                                                       |  |
| 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)<br>Date Signed 07/17/2022          |  |                                                                               |  |                                                                                                                                             |  |                                                                              |  |                                                                                                                       |  |
| HOLD for other agency                                                                                                                                                                                                                                                                                                                               |  |                                                       |  | Signature of Arresting Officer<br>X                                                          |  |                                                                               |  | Name Verification (Printed by Arrestee)                                                                                                     |  |                                                                              |  |                                                                                                                       |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                                                             |  |                                                       |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                   |  |                                                                               |  | Name of Arresting Officer (Print)<br>Inv. Cisson J. 24091                                                                                   |  |                                                                              |  |                                                                                                                       |  |
| Initials Deputy<br>Borillo 18342                                                                                                                                                                                                                                                                                                                    |  |                                                       |  | I.D. #<br>Pouch #                                                                            |  |                                                                               |  | Transporting Officer<br>Inv. Cisson J. 24091                                                                                                |  |                                                                              |  |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                     |  |                                                       |  |                                                                                              |  |                                                                               |  | Agency<br>PBSO                                                                                                                              |  |                                                                              |  |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                     |  |                                                       |  |                                                                                              |  |                                                                               |  | Witness here if subject signed with an "X"<br>1 of 1                                                                                        |  |                                                                              |  |                                                                                                                       |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PROBABLE CAUSE AFFIDAVIT</b> |                                                                                  | 1. Arrest<br>2. N.T.A. |                                                                                            | 3. Request for Warrant<br>4. Request for Capias |                                                                            | <div style="border: 1px solid black; padding: 2px; text-align: center;">1</div> Juvenile |                                    | <div style="border: 1px solid black; padding: 2px; text-align: center;">N</div> |                |
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| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OBTS Number                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Agency ORI Number<br><b>FLO 500000</b>                                           |                        | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                   |                                                 | Agency Report Number<br><b>06- 22088702</b>                                |                                                                                          |                                    |                                                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                                                                                           |                                 | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |                        | <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |                                                 | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                                                                                          | Special Notes:                     |                                                                                 |                |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name (Last, First, Middle)<br><b>DRESSON DESTINY L</b>                                                                                                                                                                                                                                                                                                                                            |                                 | Alias<br><b>L</b>                                                                |                        | Race<br><b>W</b>                                                                           |                                                 | Sex<br><b>F</b>                                                            |                                                                                          | Date of Birth<br><b>09/12/2001</b> |                                                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                  |                        |                                                                                            |                                                 |                                                                            |                                                                                          |                                    |                                                                                 |                |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                  |                        |                                                                                            |                                                 |                                                                            |                                                                                          |                                    |                                                                                 |                |
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| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Victim's Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                  |                        | 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     |
| <p>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.<br/>           The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.<br/> <input type="checkbox"/> confessed to _____<br/>             admitting to the below facts.           </div> <div> <input type="checkbox"/> was observed by _____ who told _____<br/>             that he/she saw the arrested person commit the below acts.<br/> <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.           </div> </div> <p>On the <u>17TH</u> day of <u>JULY</u>, 20<u>2022</u> at <u>0135</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Sunday, July 17, 2022 at approximately 0124 hours, I responded to 101 Lake Terry Drive, located in unincorporated West Palm Beach, Palm Beach County, Florida 33411 in reference to a crash with unknown injuries.</b></p> <p><b>Dispatch advised that the complainant Julio Aponte, stated a white Kia had hit a fence and the white female driver seemed to be passed out.</b></p> <p><b>Upon my arrival, I observed a white Kia Rio bearing a Florida tag of 55AYTX was trapped under a fence that separated Lake Terry Drive from Lake Susan Drive. A white female, later identified as Destiny Dresson by her Florida driver's license, was unconscious behind the wheel with the car still running. After multiple attempts to wake Dresson via knocking on her window, I opened the door to try to wake her. A strong odor of an unknown alcoholic beverage emerged from the inside of the car. I observed multiple bottles of alcoholic beverages in the passenger door and an opened cased of truly seltzers in the floor board. When Dresson became conscious she seemed to be disoriented and had slurred speech. Dresson attempted to move the vehicle but was instructed not to and to shut the car off. West Palm Beach Fire Department (WPBFD) arrived on scene and assisted Dresson on exiting the vehicle through the passenger side.</b></p> <p><b>As Dresson walked with fire rescue I observed her lack of balance, by her using her arms to steady herself. Once WPBFD cleared Dresson she was turned over to Agent Cisson #24091 for a DUI investigation.</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                  |                        |                                                                                            |                                                 |                                                                            |                                                                                          |                                    |                                                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                  |                        |                                                                                            |                                                 |                                                                            |                                                                                          |                                    |                                                                                 |                |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br><div style="text-align: right; margin-top: 10px;"> <br/>             (Signature of Arresting/Investigative Officer) (ID # <u>37163</u>)           </div>                                                                                                                                                                                              |                                 |                                                                                  |                        |                                                                                            |                                                 |                                                                            |                                                                                          |                                    |                                                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17</u> day of <u>JULY</u> , 20 <u>22</u> by <u>37163</u><br>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> )<br><u>Inv. Cisson 24091</u><br>Notary Public, Clerk of Court, Officer (F.S.S. 117.18) |                                 |                                                                                  |                        |                                                                                            |                                                 |                                                                            |                                                                                          |                                    |                                                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                  |                        |                                                                                            |                                                 |                                                                            |                                                                                          |                                    |                                                                                 |                |
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| <div style="border: 1px solid black; padding: 5px; display: inline-block;">             PAGE<br/>1 OF 1           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                  |                        |                                                                                            |                                                 |                                                                            |                                                                                          |                                    |                                                                                 |                |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF JULY 20 22 AT 0124 AM PM

SUBJECT: Dresson, Destiny, Lee

CASE NUMBER: 22088702

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson J.

## PERSONAL CONTACT

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

On Sunday July 17th 2022 at approximately 0135 hours, I arrived on scene of a traffic crash that occurred at 101 Lake Terry Dr in unincorporated West Palm Beach, FL 33411 (Palm Beach County). Upon arrival I observed a white Kia sedan stopped and crashed through a fence at the edge of the property and a female passed out behind the wheel, in the driver seat. Palm Beach County Fire Rescue was on scene and assessing the vehicle and single occupant. I spoke with Deputy Lewis ID# 37163 who relayed the following to me: On Sunday, July 17, 2022 at approximately 0124 hours, I responded to 101 Lake Terry Drive, located in unincorporated West Palm Beach, Palm Beach County, Florida 33411 in reference to a crash with unknown injuries. Dispatch advised that the complainant Julio Aponte, stated a white Kia had hit a fence and the white female driver seemed to be passed out. Upon my arrival, I observed a white Kia Rio bearing a Florida tag of 55AYTX was trapped under a fence that separated Lake Terry Drive from Lake Susan Drive. A white female, later identified as Destiny Dresson by her Florida driver's license, was unconscious behind the wheel with the car still running. After multiple attempts to wake Dresson via knocking on her window, I opened the door to try to wake her. A strong odor of an unknown alcoholic beverage emerged from the inside of the car. I observed multiple bottles of alcoholic beverages in the passenger door and an opened case of truly seltzers in the floor board. When Dresson became conscious she seemed to be disoriented and had slurred speech. Dresson attempted to move the vehicle but was instructed not to and to shut the car off. West Palm Beach Fire Department (WPBFD) arrived on scene and assisted Dresson on exiting the vehicle through the passenger side. As Dresson walked with fire rescue I observed her lack of balance, by her using her arms to steady herself. This concludes his supplement.

## OBSERVATION OF DRIVER:

I observed the defendant, Destiny Dresson who was wearing a blue shirt, black pants and black crocs. The defendant was sitting in the vehicle driver seat and was assisted out of the vehicle by fire rescue. She later was standing with deputies when I made initial contact with her. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on her feet and walked slowly while looking down. While standing stationary the defendant swayed. I could see the defendant's eyes were bloodshot and glossy. She had an obvious odor of an unknown alcoholic beverage emitting from her breath that grew stronger as she spoke. The defendant's speech was slow.

## DRIVER'S STATEMENTS:

The defendant said he did not have any physical defects, diabetes, wear glasses or receive a bump on the head. She said she had a previous knee injury. The defendant said she had nothing to drink. The defendant said she was coming from dropping friends off and going home. She said she was driving the vehicle. I asked the defendant to submit to roadside field sobriety tasks to which she agreed.

## ODORS:

An obvious odor of an unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slow

ATTITUDE: Calm, Compliant

CLOTHING: Disheveled

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

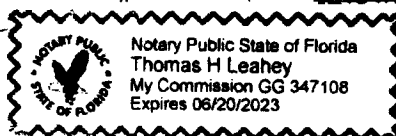
Inv. Cisson J.  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of July 20 22 by Inv. Cisson J.

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

Thomas Leahey (#19183)

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



SUBJECT: Dresson, Destiny, Lee

CASE NUMBER 22088702

### 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:

HGN: I had to remind the defendant to not turn her head. She swayed while standing stationary.

#### HAND COORDINATION:

She complained about her knee hurting and causing pain while standing in the instructional position for the Walk and Turn task. I utilized the Hand Coordination task in its place. The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant failed to maintain the instructional stance by moving her hands. The defendant swayed while standing stationary. The defendant rotated her hand improperly, she did not touch then as instructed on the first set of 1-4 or the second set of 5-6. did not clap, she did not put her hands up and then down on her lap and say done.

#### PALM PAT:

The Palm Pat task was used in place of the One Leg Stand. The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant did the task extremely slow, she slid her top hand against her bottom hand and she did not speed up during the task.

#### FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant used the pad of her finger instead of the tip, she missed the tip of her nose with her finger, she used the side of her finger to touch her nose.

#### ROMBERG ALPHABET:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant said NM instead of MN.

BREATH TEST RESULTS: 0.109 0.113

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. Cisson J.

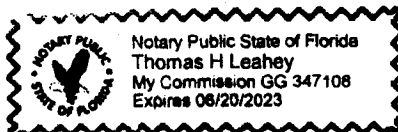
(Signature of Arresting/Investigative Officer)

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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

Thomas Leahey (#19183)

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



PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

|             |          |         |             |          |                  |                                        |              |
|-------------|----------|---------|-------------|----------|------------------|----------------------------------------|--------------|
| CASE #:     | 22088702 | ZONE:   | 3-24        | SUSPECT: | Destiny Dression | DATE & TIME OF ORIGINAL EVENT/OFFENSE: | 7-17-22 0124 |
| EVENT TYPE: | DUI      | DEPUTY: | Inv. Cisson | ID#:     | 24091            |                                        |              |

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

|                           |                                                         |                |                                        |                 |                                        |                      |                                        |                 |       |
|---------------------------|---------------------------------------------------------|----------------|----------------------------------------|-----------------|----------------------------------------|----------------------|----------------------------------------|-----------------|-------|
| LAST NAME:                | APONTE                                                  | FIRST NAME:    | JULIO                                  | MIDDLE INITIAL: | A.                                     | RACE:                | HISP.                                  | SEX:            | M     |
| DATE OF BIRTH:            | 10/17/1955                                              | YOUR HEIGHT:   | 6'2"                                   | YOUR WEIGHT:    | 220                                    | YOUR HAIR COLOR:     | GRAY                                   | YOUR EYE COLOR: | BROWN |
| YOUR HOME ADDRESS:        | <input type="checkbox"/> CHECK IF HOMELESS              |                | CITY:                                  | STATE:          |                                        | ZIP:                 |                                        |                 |       |
| YOUR WORK NAME & ADDRESS: | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED |                | CITY:                                  | STATE:          |                                        | ZIP:                 |                                        |                 |       |
| WORK PHONE:               | <input type="checkbox"/> CHECK IF NONE                  | CELL PHONE:    | <input type="checkbox"/> CHECK IF NONE | HOME PHONE:     | <input type="checkbox"/> CHECK IF NONE | EMAIL:               | <input type="checkbox"/> CHECK IF NONE |                 |       |
| (954) 549-6964            |                                                         | (561) 667-0225 |                                        | ( )             |                                        | JAponte770@gmail.com |                                        |                 |       |

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------|
| YOUR NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | JULIO A. APONTE | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |
| <p>AT APPROXIMATELY 01:17 HRS. ON 7/17/2022, I, JULIO APONTE, OBSERVED A WHITE 4 DR. SEDAN WEDGED BETWEEN A FENCE. THE VEHICLE OCCUPANT WAS A WHITE FEMALE THAT WAS SITTING MOTIONLESS BEHIND THE STEERING WHEEL. THE SUBJECT VEHICLE APPEARED TO HAVE BEEN DRIVEN FROM THE NEIGHBORING COMMUNITY INTO GOLDEN LAKES VILLAGE, DAMAGING MY EMPLOYERS FENCE. THE UNDERSIGNED MADE THE SUBJECT OBSERVATION WHILE ON A ROUTINE ROVING MOTORIZED PATROL OF THE GOLDEN LAKES COMMUNITY. POLICE AND FIRE RESCUE WAS CONTACTED BY THE UNDERSIGNED.</p> |                 |                                                                                                                                      |
| PAGE 1 OF 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                                                      |

READ AND SIGN

|                                                                              |                                                                                                       |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE. | DEPUTY SHERIFF <input checked="" type="checkbox"/> NOTARY PUBLIC <input type="checkbox"/> FSS: 117.10 |
| YOUR SIGNATURE: X <i>[Signature]</i>                                         | SWORN TO AND SUBSCRIBED BEFORE ME TODAY:                                                              |
|                                                                              | DATE: 7/17/22 TIME: 02:17                                                                             |
|                                                                              | SIGNATURE: <i>[Signature]</i> ID: 37163                                                               |

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY



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

PBSO CASE # 22088702 PBSO ZONE 3-24101

AGENCY CASE # \_\_\_\_\_ CRASH CASE # 22088699

TIME OF STOP/CRASH 0124 DATE 07/17/2022 DAY Sunday

SUBJECT'S NAME Dresson, Destiny, Lee RACE W SEX F

HGT 5'07 WGT 120 DOB 9/12/2001

LOCATION 101 LAKE TERRY DR, WEST PALM BEACH, FL 33411

ARRESTING OFFICER'S NAME & ID Inv. Cisson J. (24091) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID / DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0241

ARREST TIME 0216

BREATH RESULTS:

1 .109  
2 .113  
3 N/A  
4 N/A

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

## WITNESS LIST

CASE NUMBER: 22088702

ARRESTING OFFICER: Inv. Cisson J.

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

PHONE NUMBERS (HOME): 688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: FACTS OF THE CASE

NAME: Deputy Lewis ID# 37163

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

PHONE NUMBERS (HOME) 688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: INDICATORS OF IMPAIRMENT, SUPPLEMENTAL PC

NAME: Deputy Joseph ID# 36169

ADDRESS PBSO

PHONE NUMBERS (HOME) 688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Traffic Crash

NAME: Julio Aponte

ADDRESS United K9 Special Patrol, Royal Palm Beach, FL

PHONE NUMBERS (HOME) 954-549-6964 561-667-0225 (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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M. ☒ P.M. ☐ 2)  TIME  A.M. ☒ P.M. ☐  
3)  TIME  A.M. ☐ P.M. ☐ 4)  TIME  A.M. ☐ P.M. ☐

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

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

## COMMENTS:

arrived at center A/O conducted 20 observation period at 0241 hrs

subject agreed to perform breath test

subject completed breath test

A/O read rights on scene & subject remembered rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions



**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: 07/17/2022

Date of Last Agency Inspection: 07/15/2022

Observation Period Began: 02:41

Subject's Name: DESTINY L DRESSON

DOB: 09/12/2001 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     | 03:09 |
| Air Blank         | 0.000  | 03:09 |
| Control Test      | 0.079  | 03:10 |
| Air Blank         | 0.000  | 03:10 |
| Subject Sample #1 | 0.109  | 03:11 |
| Air Blank         | 0.000  | 03:12 |
| Air Blank         | 0.000  | 03:14 |
| Subject Sample #2 | 0.113  | 03:14 |
| Air Blank         | 0.000  | 03:15 |
| Control Test      | 0.079  | 03:15 |
| Air Blank         | 0.000  | 03:16 |
| Diagnostics Check | OK     | 03:16 |

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

Signature

Date: 07/17/2022

Sworn to (or affirmed) before me this 17 day of July, 2022

Signature of Notary Public-State of Florida

Inw J Cisson #24091  
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.

SUBJECT: D. Scott Hastings

CASE NUMBER: 22 002702

## **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) Heath on Campbell, Rene

SUBJECT: James Earl Ray CASE NUMBER: 71-2

## 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

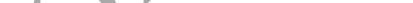
WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? State Hwy 95

DIRECTION OF TRAVEL? W WHERE DID YOU START? 1000 N. 10TH AVE.

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

WHAT IS TODAY'S DATE? 11/11/11 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? 

**WHEN DID YOU LAST EAT?** *11:00* **WHAT DID YOU EAT?** *Apple*

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 8

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? NO

**WHAT?** \_\_\_\_\_ **WHERE?** \_\_\_\_\_ **WHEN?** \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? *Graphic Designer* WHEN DID YOU LAST WORK? *Never*

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? None

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? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? ✓ WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? — WHEN? —

**DO YOU HAVE:      EPILEPSY?**

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: Gibson 240911



**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) |
|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>L/E Exemptions</b>                                              | <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.                                                                                                                                                                |                |
| <b>Public Info. Exemptions</b>                                     | <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),<br>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.                                            |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
| <b>Other</b>                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                                    | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

|                                   |                                           |
|-----------------------------------|-------------------------------------------|
| <b>Booking Number:</b> 2022018367 | <b>Date:</b> 07/18/2022                   |
|                                   | <b>Specialist Name/ID:</b> C. Smith/39657 |