

90-2022-CT-012984-AMB

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

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
Agency ORI Number FLO 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 - 22-096295							
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type N/A		Multiple Clearance Indicator 0 1	
Location of Arrest (Including Name of Business) S CONGRESS AVE / FLORAL RD, LAKE WORTH, FL 33462				Location of Offense (Business Name, Address) S CONGRESS AVE / FLORAL RD, LAKE WORTH, FL 33462							
Date of Arrest 08/08/2022		Time of Arrest 2229		Booking Date		Booking Time		Jail Date		Jail Time	
				Location of Vehicle S CONGRESS AVE / FLORAL RD, LAKE WORTH, FL 33462							
Name (Last, First, Middle) Mitchell, Madison, Leigh											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black I - American Indian O - Oriental/Asian		Sex W F		Date of Birth 11/6/1999		Height 5'03		Weight 140		Eye Color BLUE	
										Hair Color RED	
										Complexion LIGHT	
										Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO MULTIPLE LEFT ARM, RIGHT ARM, LEFT THIGH, LEFT SHOULDER											
Local Address (Street, Apt. Number) 2578 S Haverhill Rd, West Palm Beach, FL 33415				(City) (State) (Zip)		Phone (561) 232-5648		Marital Status Single		Religion CHRISTIAN	
Permanent Address (Street, Apt. Number)				(City) (State) (Zip)		Phone ()		Indication of Alcohol Influence Drug Influence		Y N Unk 3. Florida 4. Out of State	
Business Address (Name, Street)				(City) (State) (Zip)		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
D/L Number, State M324552999060, FL				Soc. Sec. No.		INS Number		Place of Birth (City, State) BOYNTON BEACH, FL		Citizenship USA	
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large	
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large	
Parent Legal Custodian Other:				Name (Last) (First) (Middle)				Residence Phone ()			
Address (Street, Apt. Number)				(City) (State) (Zip)				Business Phone ()			
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released.		2. TOT HRS/DYS 3. Incarcerated	
Released To: (Name)				Relationship				Date		Time	
The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.								School Attended		Grade	
☐ Yes, by: (Name) ☐ No (Reason)								Value of Property			
Property Crime? ☐ Yes ☐ No				Description of Property				Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description Driving Under The Influence (DUI) w/ property damage				Counts 1		Domestic Violence ☐ Y ☐ N		Statute Violation Number 316.193 (3)(C)(1)		Violation of ORD #	
Drug Activity N				Drug Type N		Amount / Unit		Offense # 22-096295		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #	
Drug Activity N				Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #	
Drug Activity N				Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #	
Drug Activity N				Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600											
Court Date and Time Month SEPTEMBER Day 1 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) X [Signature] Date Signed 08/08/2022											
HOLD for other agency				Signature of Arresting Officer X [Signature]				Name Verification (Printed by Arrestee) (PRINT)			
☐ Dangerous ☐ Suicidal				☐ Resisted Arrest ☐ Other				Name of Arresting Officer (Print) Cpl. R. Gonzalez			
Intake Deputy Spann 8101				I.D. # 31774				Agency PBSO			
Transporting Officer Cpl. R. Gonzalez				I.D. # 31774				Witness here if subject signed with an "X"			
								PAGE 1 OF 1			

0533 624

1832

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Copies		1		Juvenile	
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number			
	FLO. 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE		22-096295							
CHARGES	Charge Type	☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		Special Notes		Supplement					
	Check as many as apply										
DEF	Name (Last, First, Middle)	Mitchell, Madison		Alias		Race		Sex		Date of Birth	
						W		F		11/06/1999	
VICTIM	Charge Description	Driving Under the Influence 316.193		Charge Description							
	Charge Description			Charge Description							
VICTIM	Victim's Name (Last, First, Middle)	State of Florida		Race		Sex		Date of Birth			
	Local Address (Street, Apt Number)	(City) (State) (Zip)		Phone		Address Source					
	Business Address (Name, Street)	(City) (State) (Zip)		Phone		Occupation		Government			
PROBABLE CAUSE STATEMENT	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 The Person taken into custody ☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ ☐ confessed to _____ ☒ that he/she saw the arrested person commit the below acts. admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation. On the <u>08</u> day of <u>August</u> 20 <u>22</u> at <u>9:50</u> ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)										
	On 08/08/22 at 2150 hrs I responded to the intersection of Foral Rd and S Congress Ave in unincorporated Lantana, Palm Beach County, FL in reference to a vehicle accident call. On arrival I made contact with the driver of one of the vehicles, later identified via FL DL as Madison Mitchell. Mitchell was still in the driver seat of her vehicle, a 2016 blue Kia Rio, FL tag IQ91UI and the sole occupant of the vehicle when I made contact with her. While speaking to her I observed a slur in her speech. I asked for her license, registration and proof of insurance. She struggled to remove the license from her wallet and while searching for the other documents she grabbed them, but did not recognize them to hand them over. I asked her if she'd had anything to drink this evening and she stated no. Cpl Gonzalez #31774 arrived on scene and conducted a DUI investigation. Based on his findings he placed Mitchell under arrest and took over the investigation.										
	This concludes my involvement in this case.										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting Investigative Officer)										
	This foregoing instrument was sworn to or affirmed and subscribed before me this <u>08</u> day of <u>August</u> 20 <u>22</u> by <u>Jaime A Ramirez</u> (Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Cpl R. Gonzalez 31774</u> Notary Public, Clerk of Court Officer (F.S.S. 117.10)										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF AUGUST 20 22 AT 2150 AM PM

SUBJECT: Mitchell, Madison, Leigh CASE NUMBER: 22-096295

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. R. Gonzalez

PERSONAL CONTACT

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

See D/S Ramirez ID# 26733 probable cause supplement:

"On 08/08/22 at 2150 hrs I responded to the intersection of Floral Rd and S Congress Ave in unincorporated Lantana, Palm Beach County, FL in reference to a vehicle accident call. On arrival, I made contact with the driver of one of the vehicles, later identified via FL DL as Madison Mitchell. Mitchell was still in the driver seat of her vehicle, a 2016 blue Kia Rio, FL tag IQ91UI and the sole occupant of the vehicle when I made contact with her. While speaking to her I observed a slur in her speech. I asked for her license, registration and proof of insurance. She struggled to remove the license from her wallet and while searching for the other documents she grabbed them, but did not recognize them to hand them over. I asked her if she'd had anything to drink this evening and she stated no. Cpl Gonzalez # 31774 arrived on scene and conducted a DUI investigation. Based on his findings he placed Mitchell under arrest and took over the investigation."

OBSERVATION OF DRIVER:

I observed that Madison was wearing black shirt and black shorts. While questioning Madison, I observed her eyes, which appeared red and glassy. I observed that she was slurring her words. Madison was asked to exit the vehicle and she appeared to be sway while standing.

DRIVER'S STATEMENTS:

I asked if the driver had been drinking or used any drugs. She stated she had four jack and cokes and two shots of jameson. I observed Madison was currently wearing glasses. Madison refused roadside tasks. I advised her of her Taylor right's and Madison understood her rights and refused roadside tasks.

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow

ATTITUDE: calm, compliant

CLOTHING: wearing black shirt and black shorts

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. R. Gonzalez
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of August 20 22 by Cpl. R. Gonzalez

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

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



SUBJECT: Mitchell, Madison, Leigh

CASE NUMBER 22-096295

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐

LT EYE-LACK OF SMOOTH PURSUIT

☐

RT EYE-LACK OF SMOOTH PURSUIT

☐

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED HGN

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: .227 .229

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. R. Gonzalez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, read, understood and subscribed before me this 8th day of August, 2022 by Cpl. R. Gonzalez

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

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



SUBJECT: MATTHEW MADRID L CASE NUMBER: 20101215

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

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

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

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

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

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

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

SUBJECTS SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: MURKIN ADDITION C CASE NUMBER: 22 01215

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? I was

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Highway 200

DIRECTION OF TRAVEL? North WHERE DID YOU START? Live

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

WHAT IS TODAY'S DATE? 11/15/15 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? County

WHEN DID YOU LAST EAT? 11:00 WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 130-140 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 1-2 WHERE? Live WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 5:00 AND YOUR LAST DRINK? 11:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? No

WHAT? No WHERE? No WHEN? No

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? 11:00

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? No

ARE YOU SICK OR INJURED? No WHAT'S WRONG? No

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

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? No

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? No WHY? No

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? No WHEN? No

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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? No

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? No

INTERVIEWER: 11/15/15 3774

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 08/08/2022

Date of Last Agency Inspection: 07/15/2022

Observation Period Began: 23:10

Subject's Name: MADISON L MITCHELL

DOB: 11/06/1999 Sex: F

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:34
	Air Blank	0.000	23:35
	Control Test	0.080	23:35
	Air Blank	0.000	23:36
	Subject Sample #1	0.223	23:36
	Air Blank	0.000	23:37
	Air Blank	0.000	23:39
	Subject Sample #2	0.229	23:39
	Air Blank	0.000	23:40
	Control Test	0.079	23:40
	Air Blank	0.000	23:41
	Diagnostics Check	OK	23:41

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 PARIS D FOUNO, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 08/08/22
Signature

Sworn to (or affirmed) before me this 8th day of AUGUST, 2022

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

WITNESS LIST

CASE NUMBER: 22-096295

ARRESTING OFFICER: Cpl. R. Gonzalez

ADDRESS: 7894 S. Jog Road Lake Worth, FL 33467

PHONE NUMBERS (HOME): (561) 688-4860 (WORK) _____

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: D/S Ramirez ID # 26733

ADDRESS: 7894 S. Jog Road Lake Worth, FL 33467

PHONE NUMBERS (HOME) (561) 688-4860 (WORK) _____

CAN TESTIFY TO: Initial crash and initial observations of driver

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: **PBSO**

SUBJECT: **MITCHELL, MADISON L**

CASE NUMBER: **22-096295**

DATE: **Aug 8, 2022**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **23:32**

ENDING TIME: **23:48**

BREATH TESTS RESULTS: 1) **.223** TIME **23:36** A.M. ☐ P.M. ☒ 2) **.229** TIME **23:39** A.M. ☐ P.M. ☒
3) **N/A** TIME **N/A** A.M. ☐ P.M. ☐ 4) **N/A** TIME **N/A** A.M. ☐ P.M. ☐

BREATH OPERATOR: **P.POUND #24639**

MAINTENANCE TECHNICAN: **J. KARLECKE# 6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **LOW**

ATTITUDE: **CALM, QUIET**

CLOTHING: **BLACK SHORTS , BLACK T- SHIRT , BLACK SNEAKERS**

MEDICAL CONDITIONS: **NONE**

MEDICATIONS: **NONE**

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:10 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022020502	Date: 08/09/2022
	Specialist Name/ID: T.Howard/7185