

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

0566521

26 LT3904

26

OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 26-001540	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 1. Yes 2. No	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 4213 NORTHLAKE BLVD, PALM BEACH GARDENS, FL, 33410			Location of Offense (Business Name, Address) NORTHLAKE BLVD/MACARTHUR BLVD, PALM BEACH GARDENS, FL, 33410			
Date of Arrest 03/25/2026	Time of Arrest 03:47	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

Name (Last, First, Middle) VIDOVICH, ALEXIS, GRACE								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White - American Indian B - Black - Oriental/Asian	Sex F	Date of Birth 01/19/1995	Height 5'3	Weight 115	Eye Color BRO	Hair Color BLN	Complexion LGT	Build SML	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) (City) (State) (Zip) 9046 E HIGHLAND PINES BLVD, PALM BEACH GARDENS, FL 33418						Phone (561) 785-3667		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 9046 E HIGHLAND PINES BLVD, PALM BEACH GARDENS, FL 33418						Phone		Address Source VERBAL			
Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation			
D/L Number, State V231-090-05-000-0 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
PALM BEACH GARDENS, FL		US									

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit REFUSAL	Offense #	Warrant / Capias Number		Bond 1600				
Charge Description DUI REFUSE TESTING 1ST OFNC		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.1939(1)(D)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit REFUSAL	Offense #	Warrant / Capias Number		Bond 250				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court Room Number, Address)
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time
Month **APRIL** Day **29** Year **2026** Time **10:00** AM PM

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) *[Signature]* Date Signed **03/25/2026**

HOLD for other Agency Name:	Signature of Arresting Officer <i>[Signature]</i>	Name of Arresting Officer (Print) FLINK	Agency PBPGD
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Transporting Officer FLINK	ID # 514
Int. # 978/THOMAS #7958	Pouch #	Witness here if subject signed with an "X"	PAGE 1 OF 1

FILED PBC - GUN CLUB
26 APR 26 AM 11:54

XO

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 26-001540
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) VIDOVICH, ALEXIS GRACE	Alias VIDOVICH, ALEXIS GRACE 	Race W	Sex F	Date of Birth 01/19/1995
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Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	Charge Description 316.1939(1)(D) DUI - REFUSAL SUBMIT DUI TESTING
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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	

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 _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 25 day of March, 2026 at 03:30 (Specifically include facts constituting cause for arrest.)

On 03/25/2026 at approximately 0330 hours, this Officer observed a vehicle driving without headlights in the area of Northlake Blvd and MacArthur Blvd, PBG, FL. Body worn camera and in car video were used.

This Officer was stopped in the median just west of the location and observed a tan Toyota Tacoma (31CEWW/FL) traveling west bound in the outside through lane with only parking lights activated. This Officer entered the lane behind the vehicle and activated emergency equipment to initiate a traffic stop on same. The vehicle continued west bound for almost two blocks before pulling into the parking lot of 4213 Northlake Blvd, PBG. This Officer made contact with the sole occupant identified via Florida Driver License photo Alexis Vidovich (OF), while she was still in actual physical control of same. As this Officer approached the vehicle, this Officer noticed the headlights were now illuminated. This Officer informed Vidovich of the reason for the stop, to which she acknowledged having issues with the lights since the truck is not hers. Vidovich indicated that because the dashboard lights were activated, she thought all the lights were on. Vidovich also admitted to being distracted and appeared upset.

Vidovich stated she was coming from a friend's house and was on her way home. While speaking with Vidovich this Officer observed her to have thick slurred speech, red watery eyes, flushed red face, and the strong obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. When this Officer reapproached the vehicle to retrieve the registration and insurance from Ofc Luscaovich 513, this Officer was alerted to an open Mango White Claw on the floor board behind the front passenger seat. This Officer asked Vidovich how much she had to drink on this night, to which she replied one drink at Square Grouper. Vidovich further denied taking any medication or narcotics on this night. This Officer asked Vidovich to gauge her level of sobriety from zero to ten, to which she replied "I am very sober".

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
DATE 03/25/2026	NAME OF OFFICER (PLEASE PRINT) FLINK, ANDREW S (514)
	DATE 03/25/2026

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBT# Number		Agency ORI Number FL FLO502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 26-001540	
	Charge Type: Check as many as apply.		Special Notes:					

D E F	Name (Last, First, Middle) VIDOVICH, ALEXIS GRACE		Alias VIDOVICH, ALEXIS GRACE 		Race W	Sex F	Date of Birth 01/19/1995
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Based on this Officer's observations, this Officer expressed concern to Vidovich about her being under the influence and asked her to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which she complied. Vidovich stated she did not have any medical conditions which would effect the exercises performed.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was a black pen with an illuminated white tip. Vidovich had a lack of smooth pursuit in both eyes and sustained involuntary jerking in both eyes at maximum deviation. Vidovich also had the onset of Nystagmus prior to 45 degrees in each eye as well as Vertical Gaze Nystagmus. Throughout the exercise Vidovich was swaying back and forth. This Officer had to remind Vidovich to not move her head and properly follow the stimulus. At multiple times during the exercise, Vidovich would stop and rub her eyes and/or face.

The second exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. During the instructions, Vidovich moved from the starting position including stepping out of position or raising her arms multiple times. Vidovich also started the exercise prior to being told to do so at least three times. During the first set of steps, Vidovich raised her arms more than six inches from her sides and took eight steps but counted nine. After her final step, Vidovich requested further instructions then conducted an improper turnaround, by way of switching her planted foot and spinning around. During the return set of steps, Vidovich kept her arms raised well over six inches from her sides.

The third exercise conducted, was the One-Leg Stand. During the exercise Vidovich raised her left foot. Vidovich swayed side-to-side, raised both arms well over six inches from her sides and placed her foot down two times prior to being told to do so. Vidovich had to be reminded to look at her raised foot and had to be instructed to raise her foot higher then to lower it to six inches as instructed.

Based on this Officer's observations and the totality of the circumstances, Vidovich was placed under arrest at 0347 hours. During an inventory of the vehicle, this Officer recovered the White Claw and determined it was cool to the touch and partially full but open. The liquid inside the can had the odor of an alcoholic beverage.

At PBSO BAT this Officer conducted a 20 minute observation noting no issues. This Officer requested Vidovich provide a breath sample for the purpose of determining its alcohol content, to which she refused. This Officer read Florida Implied Consent to Vidovich, to which she acknowledged and again refused at 0439 hours.

Based on the results of the investigation and the totality of the circumstances, this Officer determined Alexis Vidovich did operate a motor vehicle, in the state of Florida, upon a public roadway, while under the influence to the extent her normal faculties were impaired, contrary to FSS 316.193(1)(A). Vidovich did also refuse to submit to a

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	03/25/2026		FLINK, ANDREW S (514)	
DATE		DATE		

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
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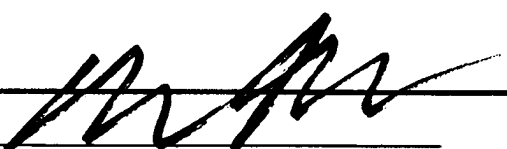
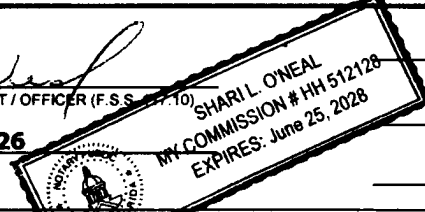
1 JUVENILE

OBTS Number		
Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 26-001540
Charge Type: Check as many as apply.		Special Notes:
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		

Name (Last, First, Middle) VIDOVICH, ALEXIS GRACE	Alias VIDOVICH, ALEXIS GRACE 	Race W	Sex F	Date of Birth 01/19/1995
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lawful sobriety test required by law, contrary to FSS 316.1939(1)(D).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 10)	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
03/25/2026 DATE	FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT)
	03/25/2026 DATE
PAGE 3 OF 3	



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 26-045455 PBSO Zone: 3-13

Agency Case #: 26-001540 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0334 Date of Incident: 03/25/2026 Day: WEDNESDAY

Location of Incident: NORTHLAKE BLVD/MACARTHUR BLVD, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 03:47 Date of Arrest: 03/25/2026 Day: WEDNESDAY

Location of Arrest: 4213 NORTHLAKE BLVD, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) VIDOVICH, (F) ALEXIS, (M) GRACE

DOB: 01/19/1995 Race: W Sex: F Height: 5'3 Weight: 115 Hair BLN Eye BRO

Address: 9046 E HIGHLAND PINES BLVD, PBG, FL 33418 Phone: (561) 785-3667

DL: V231-090-05-000-0 ST: FL SSN: _____ Division: TRAFFIC UNIT

Arresting Officer Name: FLINK ID# 514 Agency: PBGPD

Marcy's Law CVI FL Const. Art. 1 § 18(b)

Testing Results

REFUSED

1) R at 04:39 hrs.

2) _____ at _____ hrs.

3) _____ at _____ hrs.

4) _____ at _____ hrs.

Urine Obtained at _____ hrs.

Urine Refused at _____ hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 0414

Subject Arrest Time: 03:47

Breath Test Operator: ONEAL 6212

PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. FLINK #514

SUBJECT: VIDOVICH, ALEXIS G.

CASE NUMBER: 26-045455

DATE: 03-25-26

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 04:37 HRS

ENDING TIME: 04:40 HRS

BREATH TEST RESULTS: 1) B

TIME 04:39

A.M. P.M.

2)

TIME

A.M. P.M.

TIME

A.M. P.M.

4)

TIME

A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: AGITATED, COOPERATIVE, SARCASTIC

CLOTHING: JACKET- BLACK/ LEATHER SHIRT- BLACK SKIRT- BLACK LEATHER NO SHOES/ JUST BLACK SOCKS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O FLINK #514

A/O REQUESTED THE BREATH TEST.

D REFUSED THE REQUEST.

A/O READ THE IMPLIED CONSENT ON CAMERA.

D UNDERSTOOD THE I/C AS READ.

D STILL REFUSED THE REQUEST AFTER THE I/C WAS READ TO HER.

C/W READ ON CAMERA, NO Q&A CONDUCTED.

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, FLINK, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 25TH day of MARCH, 20 26, at 03:47 P.M. A.M.

DRIVER ALEXIS GRACE VIDOVICH
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # V231-090-05-000-0, state of FL, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by FLINK and
(Name of Arresting Officer)

issued citation # AMRWDS.

That on or about the 25TH day of MARCH, 20 26, at 0439 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test, and that he or she commits a misdemeanor of the first degree by so refusing. Nonetheless, the driver refused to submit to the test requested.

[Signature]
Signature of Law Enforcement Officer or Correctional Officer



NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 25TH day of MARCH, 20 26, by FLINK, who is personally known to me or who has produced _____ as identification.

Notary Public [Signature]

Title _____

Date 03/25/2026

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

**PALM BEACH COUNTY
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES _____ NO _____

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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 _____ NO _____

Do you still refuse to submit to this test? YES _____ NO _____

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES _____ NO _____

Do you still refuse to submit to this test? YES _____ NO _____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

DO YOU HAVE:

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

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 110 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2026007888	Date: 3/26/2026
	Specialist Name/ID#: Angela Pinkney/7796