

24 CT 3795 MB

Marsy's Law CVI FL Const. Art.1 § 16(b)

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO: 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 - 24039600				
	Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
	Location of Arrest (including Name of Business) SANSBURYS WAY & BELLEEK DRIVE, WEST PALM BEACH, FL 33411		Location of Offense (Business Name, Address) SANSBURYS WAY & BELLEEK DRIVE, WEST PALM BEACH, FL 33411							
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
	03/01/2024	23:20					PANTHERS TOWING			
	Name (Last, First, Middle) OSBORN, APRIL, LYN		Alias (Name, DOB, Soc. Sec. #, Etc.)							
CO-DEF	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color			
	W - White B - Black	I - American Indian O - Oriental/Asian	W F	1/23/1978	5'10"	185	BROWN	BROWN		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS - RIGHT SHOULDER		Marital Status Divorced	Religion CHRISTIAN	Indication of Alcohol/Drug Influence					
JUVENILE	Local Address (Street, Apt. Number) 10915 IBIS RESERVE CIRCLE, WEST PALM BEACH, FL 33412		City	State	Zip	Mobile Phone (561) 223-5991	Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source DEFENDANT - VERBAL			
	Business Address (Name, Street)		City	State	Zip	Phone	Occupation NON-PROFIT GROUP			
CHARGE	D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)		Citizenship				
	0216012785231, FL			PANAMA CITY, FL		U.S.				
	Co-Defendant (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile				
NOTICE TO APPEAR	Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone ( ) 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				
ADMIN	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) 355-8511) informed of any change of address.						School Attended	Grade		
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property				
	Drug Activity	S. Sell N. N/A P. Possess	R. Smuggle B. Buy D. Deliver T. Traffic	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. Synthetic
CHARGE	Charge Description DUI		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
	01				316.193(1)A					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond		
CHARGE	Charge Description REFUSAL TO SIGN/ACCEPT A SUMMONS		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
	01				318.14(3)					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond		
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond		
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond		
NOTICE TO APPEAR	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 MARCH Day 28TH Year 2024 Time 08:30 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>									
	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									
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian) @ Refused to Sign			Date Signed						
	I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.									
	HOLD for other agency		Signature of Arresting Officer x [Signature]		Name Verification (Printed by Arrestee)					
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) INV. A. SENTMANAT		I.D. # 24968		PAGE			
	Inmate Deputy [Signature]		Transporting Officer INV. A. SENTMANAT 24968		Agency PBSO		1 OF 1			
	Witness here if subject signed with an "X"									

05474417

558

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1ST DAY OF MARCH 2024, AT 23:05 AM  PM

SUBJECT: OSBORN, APRIL, LYN CASE NUMBER: 24039600

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. SENTMANAT

## PERSONAL CONTACT

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

On Friday March 2, 2024 at approximately 2304hrs I was running radar on Belvedere Road between Sansburys Way and State Road 7in West Palm Beach, FL 33411. I observed a white SUV coming from behind me (east bound on Belvedere Rd) at a high rate of speed. I visually estimated the vehicle's speed to be 65mph, received a strong Doppler tone consistent with that estimation. A true speed of 68mph was displayed in my target window. I got out of the median and behind the vehicle, a white 2020 Hyundai bearing Florida tag #21DWGY and activated my overhead emergency lights to conduct a traffic stop. The Hyundai drove to Sansburys Way and made a right turn heading south bound. The Hyundai came to a stop on Sansburys Way and Bellek Drive. I made contact with the driver and sole occupant of the vehicle, W/F Osborn, April, Lyn (01/23/73).

### OBSERVATION OF DRIVER:

Upon making contact with the defendant who was seated in the driver seat of her vehicle. She was smoking a cigarette she had just lite and I was walking up to the vehicle. She asked me if it was okay she was smoking and I said it was okay. As she spoke she slurred some words and was talking not facing me so it was hard to here. When I leaned towards the driver I caught the odor of an unknown alcoholic beverage coming from her breath and the interior of the vehicle. I observed the defendant's eyes to be glassy, watery, and red. I asked her to throw the cigarette out and after a few moments I smelled the odor (of an unknown alcoholic beverage) stronger. The defendant was asked to step out of her vehicle and speak with me in front of my patrol car, as she stepped out of her car and had an unstable balance. I also observed the defendant to have a sway as she stood normally without walking.

### DRIVER'S STATEMENTS:

The defendant stated she has no physical defects or injuries. [REDACTED]

### ODORS:

An obvious odor of an unknown alcoholic beverage coming from her breath which intensified as she spoke with me.

## GENERAL OBSERVATIONS

SPEECH: Slow, and slurred some words.

ATTITUDE: Cooperative and uncooperative.

CLOTHING: Long white dress and clear stone sandals.

MEDICAL/OTHER: Several medical conditions.

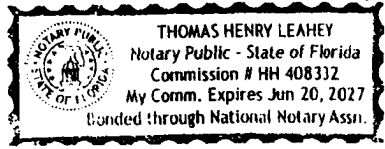
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. A. SENTMANAT  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of March 2024 by INV. A. SENTMANAT

(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: OSBORN, APRIL, LYN

CASE NUMBER 24039600

**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:**

The defendant was placed into the instructional stance for Horizontal Gaze Nystagmus. She verbally identified the red stimulus that I was holding up. She was told to follow the stimulus with her eyes only and not to move her head. I checked her eyes for equal pupil size, equal tracking, and resting nystagmus. I observed a lack of smooth pursuit in both eyes. I observed distinct and sustained nystagmus at maximum deviation in both eyes. I observed onset of nystagmus prior to 45 degrees in both eyes. She was reminded not to move her head. I did not observe any vertical nystagmus in neither eye. She swayed from side to side throughout this process.

**WALK & TURN:**

She refused to do the Roadside Tasks. See attached Supplemental Probable Cause Affidavit.

**ONE LEG STAND:**

She refused to do the Roadside Tasks. See attached Supplemental Probable Cause Affidavit.

**FINGER TO NOSE:**

She refused to do the Roadside Tasks. See attached Supplemental Probable Cause Affidavit.

**ROMBERG ALPHABET:**

She refused to do the Roadside Tasks. See attached Supplemental Probable Cause Affidavit.

**BREATH TEST RESULTS:** 1)  2)  3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. A. SENTMANAT

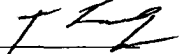


(Signature of Arresting/Investigative Officer)

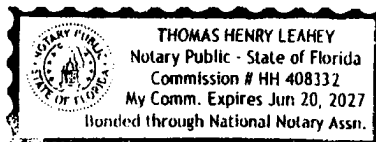
The foregoing instrument was sworn to or affirmed and subscribed before me this 3<sup>rd</sup> day of March, 2024 by INV. A. SENTMANAT

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

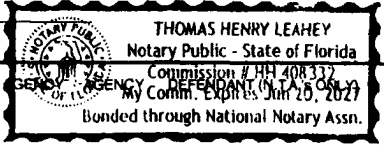
**Thomas Leahey (#19183)**



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



OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Copies	1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name		Agency Report Number					
	FLO. 5, 0, 0, 0, 0, 0	PALM BEACH COUNTY SHERIFF'S OFFICE		24039600					
DEF	Charge Type	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								
CHARGES	Name (Last, First, Middle)	Alias		Race	Sex	Date of Birth			
	OSBORN, APRIL, LYN			W	F	1/23/1978			
VICTIM	Charge Description	316.193(1)A	Charge Description	REFUSAL TO SIGN/ACCEPT A SUMMONS					
	DUI			318.14(3)					
VICTIM	Victim's Name (Last, First, Middle)	Race		Sex	Date of Birth				
	STATE OF FLORIDA, ,								
	Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source			
PROBABLE CAUSE STATEMENT	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation			
	<p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law. The Person taken into custody:</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1ST</u> day of <u>MARCH</u> 20 <u>24</u> at <u>23:05</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
ADMINISTRATIVE	<input type="checkbox"/> <b>Marsy's Law CVI</b> FL. Const. Art. 1 § 16(b)								
	<b>SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT</b>								
ADMINISTRATIVE	<p>During the traffic stop I had asked the defendant to lower the front passenger window for my back-up deputy that was my back-up. The defendant looked at the gear shifter and then grabbed the gear shifter. She then looked at the radio looking for the window control.</p> <p>I asked the defendant to do the Roadside Tasks and she asked if I could just write her the speeding ticket and let her go home to her kids. I explained to the defendant if she refused to submit to the Roadside Tasks that I was asking her; I would be forced to conclude my investigation and determine whether or not to arrest her based on the totality of my investigation, and the following signs of impairment. I also explained to her that her refusal could be used against her in court. She verbally stated she understood. I then asked her if she was willing to do the Roadside Tasks with that in mind, she disagreed.</p> <p>Later at the PBSO B.A.T. I asked her to sign her DUI citation and her Rough Arrest Form and she said that she wanted a lawyer before signing anything. I explained to her that she was also under arrest for refusal to sign/accept a summons pursuant to F.S. 318.14(3).</p>								
	<p>STATE OF FLORIDA          COUNTY OF PALM BEACH  <i>A. Sentmanat</i> INV. A. SENTMANAT          (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>3rd</u> day of <u>March</u> 20 <u>24</u> by <u>INV. A. SENTMANAT</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p>Thomas Leahey (#19183) <i>Thomas Leahey</i>          Notary Public, Clerk of Court, Officer (F.S.S.) 117.10</p>								
								PAGE <u>1</u> OF <u>1</u>	





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

PBSO CASE # 24039600 PBSO ZONE 9-32

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

TIME OF STOP/CRASH 23:05 DATE 03/01/2024 DAY Friday

SUBJECT'S NAME OSBORN, APRIL, LYN RACE W SEX F

HGT 5'10" WGT 185 DOB 1/23/1978

LOCATION SANSBURYS WAY & BELLEEK DRIVE, WEST PALM BEACH, FL 33411

ARRESTING OFFICER'S NAME & ID INV. A. SENTMANAT (24968) AGENCY Palm Beach County Sheriff's Office

DIVISION: TRAFFIC/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 23:44

ARREST TIME 23:20

BREATH RESULTS:

1) .099

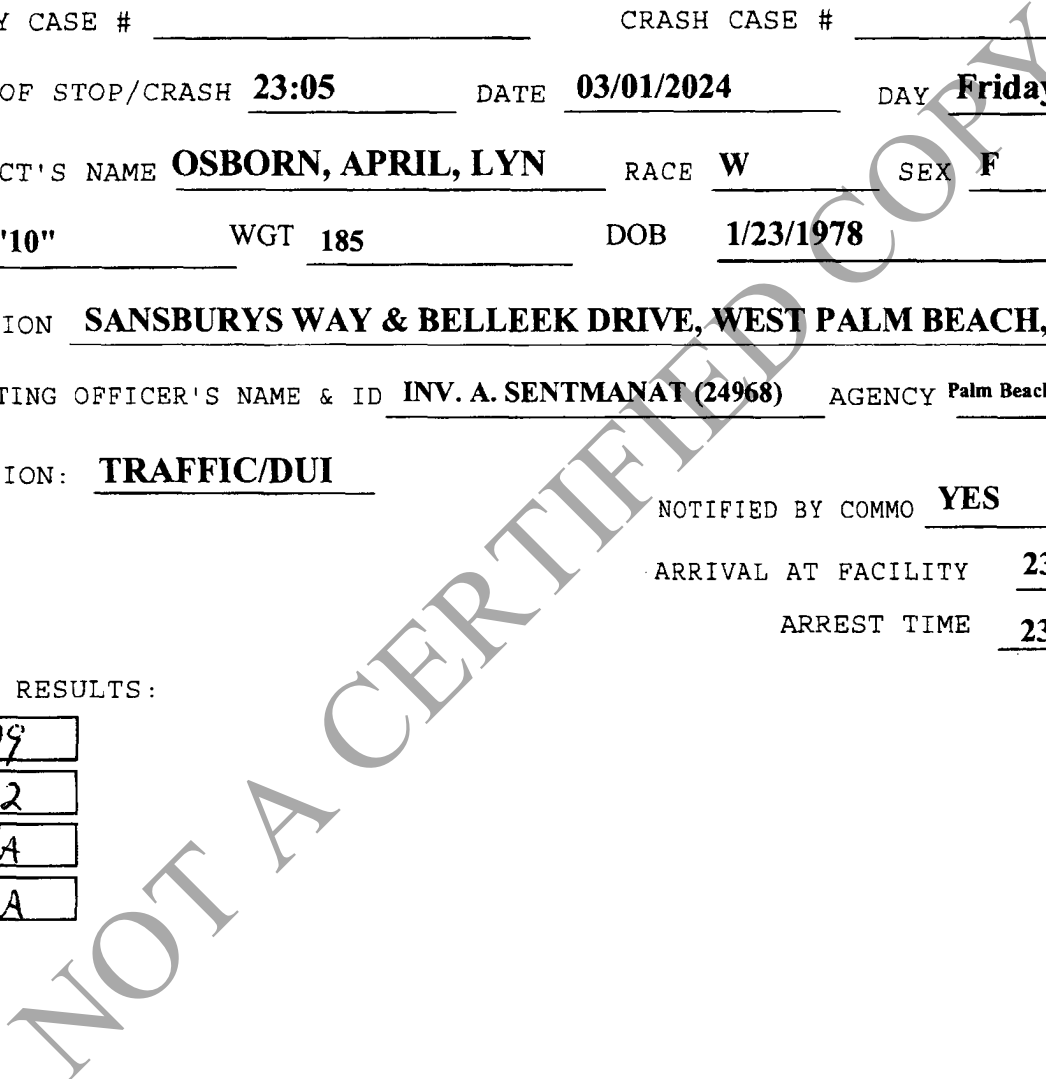
2) .102

3) NA

4) NA

TESTING OFFICER'S ID 19183

PBSO VIDEOTAPE # N/A



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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CSO  
Instrument Serial Number: 80-001741 Software: 8100.27  
Date of Test: 03/02/2024

Date of Last Agency Inspection: 02/16/2024

Observation Period Began: 23:44

Subject's Name: APRIL L OSBORN

DOB: 01/23/1978 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		00:14
	Air Blank	0.000	00:15
	Control Test	0.080	00:15
	Air Blank	0.000	00:15
	Subject Sample #1	0.099	00:16
	Air Blank	0.000	00:17
	Air Blank	0.000	00:19
	Subject Sample #2	0.102	00:19
	Air Blank	0.000	00:20
	Control Test	0.080	00:20
	Air Blank	0.000	00:21
	Diagnostics Check OK		00:21

Cylinder Lot: 06723080A5  
Exp: 04/05/2025

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: 03/02/2024

Sworn to (or affirmed) before me this 02 day of March, 2024

Inv. G. Selt 24968  
Signature of Notary Public-State of Florida

Inv A Sentmanat #24968  
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: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

OR

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

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

I am \_\_\_\_\_ of the \_\_\_\_\_

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

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

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

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

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

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

SUBJECTS SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

### QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

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

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

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

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

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

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

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

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

INTERVIEWER: Inv. A. J. [Signature]

# WITNESS LIST

CASE NUMBER: 24039600

ARRESTING OFFICER: INV. A. SENTMANAT

ADDRESS: TRAFFIC DIVISON/DUI

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION.

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: \_\_\_\_\_

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: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

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 are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

## COMMENTS:

arrived at center A/O conducted 20 minute observation period 2344 hrs

subject refused to perform breath test - I don't want to

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

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject invoked right to counsel



# 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 checked="" type="checkbox"/>	119.071(2)(e)	Confession	3
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 99 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 checked="" type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	6-7
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024005759	Date: 3/2/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796