

Protective Party

0545475 ARREST / NOTICE TO APPEAR

12ch 3340

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 514 23-004790	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Charge Type: Check as many	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	If Weapon Seized	Multiple Clearance Indicators
Location of Arrest (Including Name of Business) S CENTRAL BLVD/TONEY PENNA DRIVE			Location of Offense (Business Name, Address) 1399 S CENTRAL BLVD/TONEY PENNA DR, JUPITER, FL					
Date of Arrest 12/07/2023	Time of Arrest 18:49	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		

Name (Last, First, Middle) ALBRITTON, ASHLEY LEE		Alias:		Race W - White 1 - American Indian B - Black O - Oriental/Asian W M		Sex M	Date of Birth	Height 5'09	Weight 200	Eye Color BLUE	Hair Color BALD	Complexion LIGHT	Build Medium
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Marital Status M	Religion OTHER	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		Address Source FL DL	
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Occupation Firefighter		DL Number, State FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) WEST PALM BEACH, US	Citizenship US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	(City) (State) (Zip)	Business Phone
Address (Street, Apt. Number)	<p style="text-align: center;">EXEMPT PER J.S. CH 19</p>	
Notified by (Name)	Date	Time
Released To (Name)	Relationship	Date
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 355-2526) informed of any change of address.		Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property

Drug Activity N. N/A P. Posses	S. Sell D. Deliver T. Traffic	R. Sauggle E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogens M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
--------------------------------------	-------------------------------------	----------------------	----------------------------	--	----------	---------------------------------------	--	---	--	------------------------

Charge Description DUI - CAUSING PROPERTY DAMAGE/PERSONAL INJURY	State Violation Number 316.193(3)(C)1	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit
Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	State Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	State Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	State Violation Number	Violation of ORD #

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	Released By
Transported By	Date Transported
	Time Transported
	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) North County PALM BEACH GARD	No Photo Available
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 01/10/2024 08:30:00	
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.		FILED PBC - GUN CLUB-- 23 DEC 8 AM 7:54
Signature of Defendant (or Juvenile and Parent/Custodian)		
Date Signed		

HOLD for Other Agency	Signature of Arresting Officer 1226	Name Verifier (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) NOBLE, RILEY	(PRINT)
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	I.D.# 1226	PAGE 1 OF 1
Intake Deputy 1226	Transporting Officer NOBLE, RILEY	Agency 1226 JPD
I.D.#	Pouch #	Witness here if subject signed with an "X".

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 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 23-004790		
Charge Type: Check as many as apply.	<input type="checkbox"/> 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	Special Notes:		
Name (Last, First, Middle) ALBRITTON, ASHLEY LEE							Race W	Sex M	Date of Birth [REDACTED]
Charge Description 316.193(3)(C)1 DUI - CAUSING PROPERTY DAMAGE/PERSONAL			Charge Description						
Victim's Name (Last, First, Middle) WELCH, MARILYN DIANE			Local Address (Street, Apt. Number) 114 BENT ARROW DR B, JUPITER, FL 33458		City (State) (Zip) (561) 312-8277		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.</p> <p>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>7</u> day of <u>December</u>, <u>2023</u> at <u>19:30</u> (Specifically include facts constituting cause for arrest.)</p> <p>***THIS REPORT CONTAINS INFORMATION OF A PROTECTED PARTY***</p> <p>On Thursday December 7th, 2023 at approximately 1815 hours, I responded to the scene of a traffic crash just south of the intersection of S Central Boulevard/Toney Penna Drive.</p> <p>Upon arrival, I made contact with Officers Seier and Partelow. Seier advised me that two independent witnesses, Ashley Reppert (W/F 07/24/1980), and Katherine Renschler (W/F 05-21-1971), gave him sworn statements about the erratic and reckless driving behavior of one of the involved vehicles prior to the crash. Both Reppert and Renschler stated that the silver Dodge RAMs (FL Tag#YJ3YJ) driver threw fast food out of the window and was all over the roadway. Renschler stated the driver was continually laying on his horn for extended periods of time while driving and while at different lights/intersections. Renschler stated she saw the Dodge Ram drift over the white lines prompting another car to honk at the Dodge Ram at one point. Reppert stated the driver of the Dodge Ram made an aggressive lane change near S Central Blvd and Toney Penna Drive and crashed into the other involved vehicle, which was as a white Ford Escape bearing FL Tag#IU15DN. Both Reppert and the driver of the white Ford escape, Marilyn Welch (W/F 09/16/1949), saw the driver of the Dodge RAM, Ashley Albritton (W/M [REDACTED]), behind the wheel and pointed him out to Officer Seier.</p> <p>When I went to speak with Albritton who was standing next to his now disabled truck, he appeared very lethargic and had very slurred speech. Albritton had the very strong odor of an unknown alcoholic beverage emanating from his breath that intensified as he spoke. Albritton stated that someone pulled out in front of him, however, appeared confused as to what happened and exactly what road he was on. The driver of the other vehicle, Welch, stated that she had entered onto S Central Blvd from Toney Penna and did not see any other vehicles. Shortly after she began traveling southbound, she was sideswiped by the silver Dodge RAM causing disabling damage to both vehicles. She did not suffer any</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.01)</p> <p>12/07/23 DATE</p> <p>Notary Public State of Florida Renee Ragin My Commission GG 988418 Expires 03/05/2024</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i> MOBLE, RILEY (1226) NAME OF OFFICER (PLEASE PRINT) 12/07/2023 DATE</p> <p>PAGE 1 of 4</p>									

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 23-004790	
Charge Type: Check as many as apply.			Special Notes:		Race Sex Date of Birth	
<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					W M [REDACTED]	
Name (Last, First, Middle) ALBRITTON, ASHLEY LEE					Alias	

visible injuries from the crash.

After filling out the necessary drivers exchange paperwork, I issued Welch a copy of the driver's exchange and then went back over to where Albritton was standing with Officer Seier. I advised Albritton that based upon the witness statements and damage, I found him to have caused the accident. I then stated that based upon his aforementioned signs of impairment, I would be changing from a civil crash investigation to a criminal DUI investigation. Albritton was read his Miranda Warnings from a pre-printed card. Post Miranda, Albritton admitted to having just left Square Grouper (local bar), and had three Budweiser beers, however, felt fine to be driving.

Based on the aforementioned events, I requested Albritton submit to Standardized Field Sobriety Tasks, to which he agreed to participate.

I first began with the Horizontal Gaze Nystagmus task. I instructed Albritton to stand with his feet touching (heel & toes) and to keep his arms down at his side to which he struggled to do. I demonstrated to Albritton that he would be following my stimulus (red light) with his eyes and his eyes only and to keep his head still at all times. Albritton stated he understood the instructions and was ready for me to continue. Albritton's eyes had no resting nystagmus in either eye and both eyes tracked together equally. I observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees in both eyes. He did not have vertical Nystagmus in either eye. Multiple times throughout this task Albritton stopped following the stimulus with his eyes and was noticeably swaying back and forth.

The second task was the Walk & Turn task. I demonstrated and instructed Albritton to stand on the bright yellow line of tape on the level surface and to place his left foot onto the line and his right foot touching his left foot heel to toe with his arms at his side. Albritton got into the starting position and was unable to maintain it. I instructed/demonstrated two separate times to take nine heel-to-toe steps down the line and take a series of small steps then return down the line heel-to-toe taking nine steps while making sure to count out loud, look at his feet at all times, do not use his arms for balance, and do not stop walking. Albritton tried to begin walking down the line multiple times before I could finish my instructional period and had to continually be reminded to wait until I asked him if he had any questions or was ready to begin. Albritton began walking on his own for the third time before I was able to finish my instructions, missing heel to toe on almost every step and not following my directions at all. It was clear that Albritton was not going to listen to my directions and moved onto the next task.

The third task was the One Leg Stand. I instructed Albritton to stand with his feet touching (heel & toes) and to keep his arms down at his side, to which he struggled to

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 17) Renee Ragin My Commission GG 986418 Expires 03/05/2024 12/07/23 (DATE)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER [Signature] 1226 NOBLE, RILEY (1226) NAME OF OFFICER (PLEASE PRINT) 12/07/2023 DATE
--	---

PAGE 2 OF 4

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1 JUVENILE

OCTS Number

Agency ORI Number FL 0501700

Agency Name JUPITER POLICE DEPARTMENT

Agency Report Number 5 4 23-004790

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes

Name (Last, First, Middle) ALBRITTON, ASHLEY LEE

Race W Sex M Date of Birth

keep his heels and toes touching. I instructed/demonstrated to Albritton that he would be raising the leg of his choice approximately 6 inches off the ground while keep his foot parallel to the ground and counting out loud until I told him to stop. Albritton once again tried to begin before I got a chance to ask if he had any questions or completely finish my instructions. After demonstrating again, he stated he understood. When I told him to begin, Albritton raised his foot off of the ground for about two seconds and almost fell over. He tried again and almost fell off of the median where Officer Seier almost had to grab him from falling. For his safety, we moved onto the next task.

The fourth task was the Finger to Nose. I instructed Albritton to stand with his feet touching (heel & toes) and to keep his arms down at his side with his pointer fingers pointed outward. I instructed/demonstrated Albritton that I would be calling left (L) or right(R), when I do, with his head tilted back and eyes closed, he would take the tip of the finger I called and touch it to the tip of his nose and was shown the difference between the tip/pad/nail. He stated he understood and did not have any questions. I attempted to call out the fingers in the standardized order of L, R, L, R, R, and L. I called "L" and Albritton raised his right hand then corrected by using his left and touched the pad of his finger to the center of the nose. Albritton then fell forward where Officers Seier, Partelow, and I had to physically grab him from falling onto the pavement. After getting him back in the proper positon I called "R", to which he did not place the tip of his finger to the tip of his nose and almost fell over again from swaying so much. Once again, I moved onto the next task for his safety.

The fifth and final task was the Romberg Alphabet. I instructed Albritton to stand with his feet together heel and toes touching and his arms down at his side. I advised Albritton to recite the Alphabet in a non-rhythmical manner, which means without singing out rhyming, while tilting his head back and keeping his eyes closed. Albritton again tried to begin before I could finish my instructions. Albritton did not incorrectly recite the Alphabet, however, could not keep his head tilted back, eyes closed, and was rhyming.

Based on my investigation, observations, and totality of circumstances, I had probable cause to believe that Ashley Albritton was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the point where his normal faculties were impaired, contrary to F.S 316.193. He was placed into handcuffs that were properly spaced and double-locked per department policy and placed into the rear of my patrol car at 1849 hours.

I then transported Albritton to the Jupiter Medical Center for medical clearance per Palm Beach County Jail policy. After being medically cleared, I transported him to the Palm Beach County Breath Alcohol Testing center, arriving at 2028 hours. I placed Albritton under a 20 minute observation period, during which he neither consumed nor

SWORN AND SUBSCRIBED BEFORE ME
Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024
Signature of Arresting / Investigating Officer NOBLE, RILEY (1226)
Date 12/07/23 12/07/2023

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 23-004790	
-------------	--	--	---	--	--	--

Change 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) ALBRITTON, ASHLEY LEE	Alias	Race W	Sex M	Date of Birth
--	-------	------------------	-----------------	---------------

regurgitated anything. We then went on video with BAT technician Ragin#16877 requested Albritton submit to a lawful test of his breath to determine the alcohol content, to which he agreed. He subsequently provided two breath samples of .228 &.245.

I placed Albritton in holding while all necessary paperwork was completed and subsequently booked him into the Palm Beach County Jail. He was given a criminal court date of 01/10/2024, 0830 hours.

Albritton 's vehicle was towed from the scene by All Hooked-Up towing.

The above incident was captured on BWC. This narrative is a summary of the events and not purported to be verbatim.

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		
	NOTARY PUBLIC / CLERK OF COURT / OFFICER	Notary Public State of Florida Rense Ragin My Commission GG 988418 Expires 03/05/2024	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	DATE 12/07/23		NOBLE, RILEY (1226) NAME OF OFFICER (PLEASE PRINT) 12/07/2023 DATE



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

PBSO CASE # 23-135808 PBSO ZONE 3-14

AGENCY CASE # 23004790 CRASH CASE # 23004790

TIME OF STOP/CRASH 1754 DATE 12/07/2023 DAY Thursday

SUBJECT'S NAME Albritton Ashley Lee RACE W SEX M
LAST FIRST MID

HGT 5'09 WGT 200 DOB [REDACTED]

LOCATION S Central Blvd/Toney Penna Drive, Jupiter FL 33458

ARRESTING OFFICER'S NAME & ID Noble 1226 AGENCY Jupiter PD

DIVISION: _____

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 2028
 ARREST TIME 1849

BREATH RESULTS:

- 1) .245
- 2) .228
- 3) _____
- 4) _____

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Albritton, Ashley L. CASE NUMBER: 23-135808

DATE: Dec 7, 2023 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:50 ENDING TIME: 21:00

BREATH TESTS RESULTS: 1) .245 TIME 20:54 A.M. P.M. 2) .228 TIME 20:57 A.M. P.M.
3) N/A TIME _____ A.M. P.M. 4) N/A TIME _____ A.M. P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Blue jeans, black LS shirt, black sneakers

MEDICAL CONDITIONS: Cholesterol

MEDICATIONS: YES for Cholesterol

OTHER:

Eyes are red
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 20:28 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated he understood rights.

Tech read breath test results.
Subject acknowledged he understood breath test results.

A/O attempted Q&A.
Subject refused to answer Q&A.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 12/07/2023

Date of Last Agency Inspection: 11/17/2023

Observation Period Began: 20:28

Subject's Name: ASHLEY L ALBRITTON

DOB: [REDACTED] Sex: M

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	20:52
	Air Blank	0.000	20:52
	Control Test	0.081	20:53
	Air Blank	0.000	20:53
	Subject Sample #1	0.245	20:54
	Air Blank	0.000	20:54
	Air Blank	0.000	20:56
	Subject Sample #2	0.228	20:57
	Air Blank	0.000	20:57
	Control Test	0.081	20:58
	Air Blank	0.000	20:58
	Diagnostics Check	OK	20:58

Cylinder Lot: 29122080A1
Exp: 12/05/2024

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 RENEE M RAGIN, 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: 12/07/23
Signature

Sworn to (or affirmed) before me this 07 day of Dec., 2023
[Signature] Off. R. Noble # 1226
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: 23004790

ARRESTING OFFICER: Noble

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: PC

NAME: Officer Seier

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: back-up officer on-scene. collected witness statements

NAME: Officer Partelow

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: back-up officer on-scene

NAME: Sgt. Borrows

ADDRESS 196 Military Trail, Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: supervisor on-scene

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: _____

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) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: _____ CASE NUMBER: 10490

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 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	13-14
	<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 checked="" type="checkbox"/>	119.071(4)(d)2.d.	Home addresses, telephone numbers, dates of birth, and photographs of active/former Firefighters, spouses, and children	1-7,9,13-14
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2023032184	Date: 12/8/2023
	Specialist Name/ID#: