

249 6718

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

C343742

Check if Supplement is Attached

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

Juvenile 1 N

OBTS Number	ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		Juvenile	1	N
Agency ORI Number FLO: 5, 0, 0, 0, 0, 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 -1- 24052505					
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	If Weapon Seized Enter Type	Multiple Clearance Indicator			
Location of Arrest (including Name of Business) S OCEAN BLVD / E OCEAN BLVD, LANTANA, FL 33462		Location of Offense (Business Name, Address) S OCEAN BLVD / E OCEAN BLVD, LANTANA, FL 33462					
Date of Arrest 04/12/2024	Time of Arrest 2314	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A	

Name (Last, First, Middle) Fox, Ashley, Lynn		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	American Indian O - Oriental/Asian	Sex W F	Date of Birth 6/25/1986	Height 5'04	Weight 125	Eye Color BRN	Hair Color BRN	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BACK		Marital Status Divorced	Religion NONE	Indication of: Alcohol Influence Drug Influence			Y N Unk		
Local Address (Street, Apt. Number) 815 Sky Pine Way Apt C1, West Palm Beach, FL 33415		(City)	(State)	(Zip)	Mobile Phone (561) 517-6046	Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( )	Address Source FL DL, VERBAL			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ( )	Occupation SALES			
D/L Number, State F200012867251, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) WEST PALM BEACH, FL			Citizenship YES			

Co-Defendant (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 (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)				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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)			School Attended	Grade
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/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	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 U	Drug Type U	Amount / Unit	Offense # 24052505	Warrant / Capias Number			Bond			
Charge Description Operating While DL Suspended	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 322.34(2)A	Violation of ORD #						
Drug Activity U	Drug Type U	Amount / Unit	Offense # 24052505	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			
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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600	
Court Date and Time Month May Day 2nd Year 2024 Time 0830 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	
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed 04/13/2024

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.		Signature
HOLD for other agency	Signature of Arresting Officer X	Name Verification (Printed by Arrestee) APR 13 4 2024
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) Investigator J. Cisson 24091
Intake Deputy	I.D. # Pouch #	Agency PBSO
Witness here if subject signed with an "X"	PAGE 1 OF 1	

<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	Juvenile
ADMIN	OBTS Number	Agency ORI Number <b>FLO 50000</b>		
	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 24-052505</b>		
	Charge Type Check as many as apply	Special Notes <b>Supp PC</b>		
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			
DEF	Name (Last, First, Middle) <b>Fox Ashley Lynn</b>	Alias	Race <b>W</b>	Sex <b>F</b>
			Date of Birth <b>06-25-1986</b>	
CHARGES	<b>D.U.I. 316.193(1)</b>			
VICTIM	Victim's Name (Last, First, Middle)			Race
	Local Address (Street, Apt. Number) (City) (State) (zip)			Sex
	Business Address (Name, Street) (City) (State) (zip)			Date of Birth
	Phone			Address Source
	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 <input checked="" 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. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the _____ day of _____, 20____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)				
<input type="checkbox"/> Marsy's Law CVI FL Const. Art 1 § 16(b)				
<p><b>On April 12, 2024 at approximately 2218 hours I was conducting stationary traffic enforcement at 3500 South Ocean Blvd. in the Town Of South Palm Beach, Pam Beach County, Florida 33480. when I observed a gray Toyota Corolla traveling at a high rate of speed. I visually estimated the vehicle to be traveling 48 mph. Radar indicated the vehicle was traveling 50 mph in a 30 mph zone. I caught up to the gray Toyota bearing FL tag KDTW62 and activated my emergency light where the driver pulled into the Publix Plaza located at 200 So. Ocean. I approached the vehicle and informed the driver the reason for the stop. I immediately smelled a strong indication of an unknown alcoholic beverage emitting from the driver, Ashley Fox. Her eyes appeared glassy and watery. She also spoke with a slight slur. I requested her License, Registration and Insurance. Ms. Fox fumbled looking for these items eventually handed me her driver's license. She fumbled again looking for her registration and eventually located that as well. She was unable to locate her insurance card. She appeared overly exited and said she and her friend were on their way home from having a good time.</b></p> <p><b>The investigation was turned over to Inv. Cisson.</b></p>				
NOT A COURT COPY				
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>Jason LaForte</b> (ID #) <b>5860</b> (Signature of Arresting/Investigative Officer)			
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12</u> day of <u>April</u> 20 <u>24</u> by <u>Jason LaForte</u> <b>5860</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b>			
	<b>Inv. J. Cisson ID 24091</b> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)			PAGE <b>1</b> OF <b>1</b>

SUBJECT: Fox, Ashley, Lynn

CASE NUMBER 24052505

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

The defendant swayed while standing stationary. I had to remind the defendant to not turn her head multiple times. I had to remind the defendant to follow the red light. She stopped following the red light and looked back at me two times in the middle of maximum deviation.

**WALK & TURN:**

I placed yellow tape in a straight line on the asphalt. The defendant elected to take her shoes off for the task. The asphalt was relatively level. The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant failed to maintain the instructional stance by stepping off the line and removing her hands from her side. The defendant swayed while standing stationary. The defendant used his arms for balance throughout the task, did not touch heel to toe 4 times, stepped off the line multiple times, stopped to regain balance, and took the incorrect number of steps. 18 steps on the first set and 19 steps on the return set.

**ONE LEG STAND:**

The defendant elected to leave her shoes off for the task. The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant put her foot down multiple times before 30 seconds elapsed. She struggled to count properly and skipped ahead and back during counting. She began counting at 1005, 1004, 1003, 1002. I explained again to begin at 1001 and go up. She still was unable to count properly.

**FINGER TO NOSE:**

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant failed to touch the tip on her nose by touching under her nose near her nostrils on attempt 2 and 5. She failed to keep her head tilted back.

**ROMBERG ALPHABET:**

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary.

**BREATH TEST RESULTS:** 1) 0.149    2) 0.154    3)    4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Investigator J. Cisson

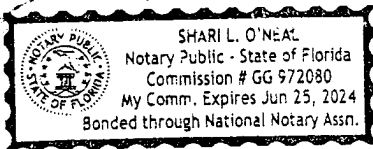
(signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of April 2024 by Investigator J. Cisson

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO ID# 24091

Shari O'Neal (#6212)

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



**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: 80-006029 Software: 8100.27  
Date of Test: 04/13/2024

Date of Last Agency Inspection: 03/08/2024  
Observation Period Began: 23:55  
Subject's Name: ASHLEY L FOX

DOB: 06/25/1986 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	00:22
	Air Blank	0.000	00:22
	Control Test	0.080	00:22
	Air Blank	0.000	00:23
	Subject Sample #1	0.149	00:23
	Air Blank	0.000	00:24
	Air Blank	0.000	00:26
	Subject Sample #2	0.154	00:26
	Air Blank	0.000	00:27
	Control Test	0.080	00:27
	Air Blank	0.000	00:28
	Diagnostics Check	OK	00:28

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 SHARI L O'NEAL, 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: [Signature] Date: 04-13-24  
signature

Sworn to (or affirmed) before me this 13 day of April, 2024

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Jane Garrison 112409

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.



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

PBSO CASE # 24052505 PBSO ZONE 19-11

AGENCY CASE # N/A CRASH CASE # N/A

TIME OF STOP/CRASH 2218 DATE 04/12/2024 DAY Friday

SUBJECT'S NAME Fox, Ashley, Lynn RACE W SEX F

HGT 5'04 WGT 125 DOB 6/25/1986

LOCATION S OCEAN BLVD / E OCEAN BLVD, LANTANA, FL 33462

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

DIVISION: TRAFFIC - D.U.I.

NOTIFIED BY COMMO YES

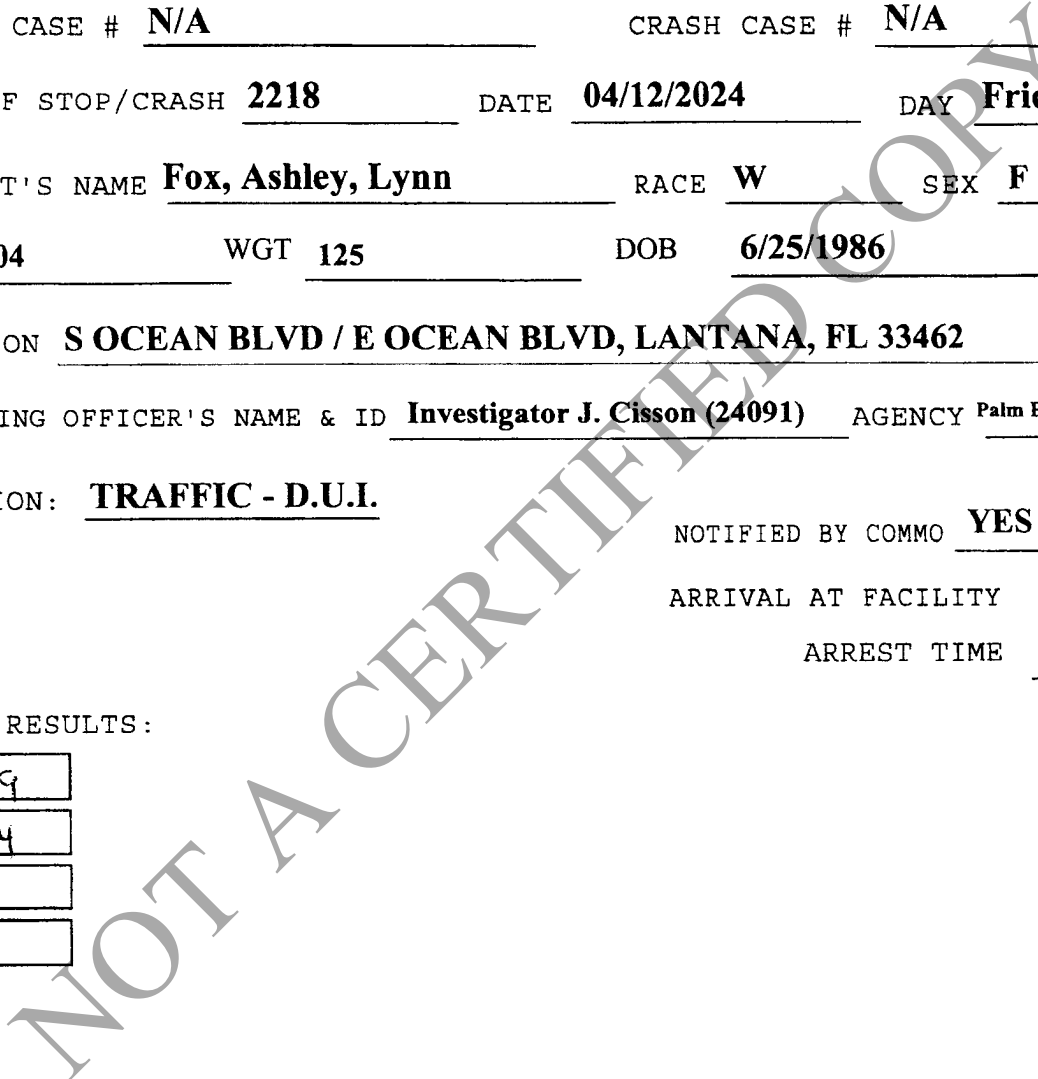
ARRIVAL AT FACILITY 2355

ARREST TIME 2314

BREATH RESULTS:

- 1) .149
- 2) .154
- 3)
- 4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE #   /  



# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: VERY RED, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

## COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O CISSON #24091

A/O REQUESTED THE BREATH TEST.  
D SUBMITTED TO THE REQUEST.  
D COMPLETED THE TEST CORRECTLY.  
EXPLAINED THE RESULTS TO THE D.  
C/W READ ON CAMERA TO THE D.  
D REFUSED THE Q&A.

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: \_\_\_\_\_

## 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: \_\_\_\_\_

# WITNESS LIST

CASE NUMBER: 24052505

ARRESTING OFFICER: Investigator J. Cisson

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-309-8629

CAN TESTIFY TO: FACTS OF THE CASE

NAME: DEPUTY LaForte ID# 5860

ADDRESS: PBSO

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

CAN TESTIFY TO: TRAFFIC STOP, INDICATORS OF IMPAIRMENT

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY



# 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	5-6
	<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: 2024009961	Date: 4/13/2024
	Specialist Name/ID#: C. Daniels/ 30347