

50-2023-CT-0073 81 ANB

0539908

3380

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. NTA		3. Request for Warrant 4. Request for Capas		1	JUVENILE
Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 23-001694							
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 UNARMED		Multiple Clearance Indicators			
Location of Arrest (Including Name of Business) CENTER STREET/N PENNOCK LN JUPITER FL 3						Location of Offense (Business Name, Address) 849 CENTER ST N PENNOCK LN, JUPITER, FL 33458					
Date of Arrest 04/23/2023	Time of Arrest 00:36	Booking Date 04/23/2023	Booking Time 00:46	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) NEWELL, BECKY SUE						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
Race W - White A - American Indian B - Black O - Other/Asian W		Sex F	Date of Birth 07/13/1966	Height 5'04	Weight 150	Eye Color GREEN	Hair Color BLONDE	Complexion LIGHT	Build Medium		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status UNKNOWN		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 118 MAGNOLIA WAY, TEQUESTA, FL 33469		(City)	(State)	(Zip)	Phone (310) 351-9440		Residence Type 1. City 2. County 3. Florida 4. Out of State 3				
Permanent Address (Street, Apt. Number) 118 MAGNOLIA WAY, TEQUESTA, FL 33469		(City)	(State)	(Zip)	Phone (310) 351-9440		Address Source				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation				
D/L Number, State A8078073 / CA		Soc. Sec. Number		INS Number		Place of Birth (City, State) BADAC, MI, United		Citizenship 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"/> Other		Name (Last, First, Middle)						Residence Phone			
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)						(City)		(State) (Zip)	
Notified by (Name)		Date	Time	Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.		School Attended		Grade		Property Value		Value of Property	
<input type="checkbox"/> Yes, by <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity S Sell N N/A P Possess		R Raffle B Buy T Traffic		K Express D Distribute E Use		M Manufacture P Produce C Cultivate		Z Other		Drug Type 1. MHA A. Amphetamine E Heroin	
S Synthetic C Cocaine M Marijuana O Opioid/Carb		H Hydrocodone P Paraphernalia E Equipment S Syllidate		U Unknown Z Other							
Charge Description DUI - NORMAL FACULTIES IMPAIRED						Statute Violation Number 316.193(1)(A)		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capas Number		Bond		OR	
N				1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capas Number		Bond			
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capas Number		Bond			
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Health / Apparent Physical Condition (if 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"/> Posting Bond						<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> TOT - County Jail		PROPERTY - Received By	
Transported By						Date Transported	Time Transported	Other		RELEASED TO - SUN CLUB 23 APR 23 AM 11:21	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 05/24/2023 08:30:00		No Photo Available	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.											
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 (for Juvenile and Parent/Custodian)					
HOLD FOR OIA Agency						Signature of Arresting Officer		Name (Printed) (Printed by Arrestor)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suscital		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) PICARD, RONNIE		ID # 1240		(PRINT)			
Inmate Deputy J DUNN 3616		Pouch #		Transporting Officer PICARD		ID # Agency 1240 JUPITE		Witness here if subject signed with an "X"		PAGE 1 OF 1	

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 23-001694
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	Special Notes	

Name (Last, First, Middle) NEWELL, BECKY SUE	Aliases	Race W	Sex F	Date of Birth 07/13/1966
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Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	Charge Description
Charge Description	Charge Description

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 **OFFICER YOCHUM** who told **MYSELF** that he/she saw the arrested person commit the below acts.
- confessed to **MYSELF** admitting to the below facts.
- was found to have committed the below acts, resulting from my (described) investigation.

On the **23** day of **April**, **2023** at **03:11** (Specifically include facts constituting cause for arrest.)

At approximately 00:02 hours on 04/23/2023, I responded to a traffic stop on Center Street west of North Pennock Lane in the Town of Jupiter, Palm Beach County, FL.

Officer Yochum advised he conducted a traffic stop on a blue Ford bearing FL tag 90BH2I for swerving, varying speed, weaving within the lane, and braking for no reason. (See supplement report from Officer Yochum.)

I approached the driver's window and came in contact with the driver and later found to be the offender, Becky Newell; W/F; 07/13/1966. I immediately observed that Newell had bloodshot glossy eyes and asked her to exit the vehicle so I could talk to her. When I was speaking to Newell outside of her vehicle I could smell the odor of an unknown alcoholic beverage coming from her breath as she spoke. I asked Newell if she had been drinking and she stated she had one glass of wine at "Guanabanas".

Based on my observations I asked Newell if she would perform Standardized Field Sobriety Tasks so I know she would be safe to drive home. Newell consented to perform the tasks and then asked what she should do. I read her Taylor Warnings and she consented to perform the tasks.

I began Standardized Field Sobriety Tasks, Newell advised she is taking pain medication for an abscessed tooth. Newell advised that she took the medication around 16:00 hours but does not know what it is. During Horizontal Gaze Nystagmus, Newell was swaying, had difficulty keeping her head still and only following the stimulus with her eyes even though she stated he understood the instructions. During this task, Newell advised she was going to vomit, didn't feel good, and stepped out of position multiple times. I asked Newell if she wanted me to have fire rescue respond to make sure she was okay and she refused. After the many attempts and breaks I gave Newell, I could not get an accurate observation of horizontal gaze nystagmus and Newell advised she did not want to

SWORN AND SUBSCRIBED BEFORE ME

[Signature]
Notary Public / Clerk of Court / Officer

04/23/23
DATE



MADELIN GONZALEZ

[Signature] SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

PICARD, RONNIE (1240)

NAME OF OFFICER (PLEASE PRINT)

04/23/2023
DATE

PAGE
1 OF 2

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 23-001694**

Charge Type: Check as many as apply
 1 Felony
 2 Traffic Felony
 3 Misdemeanor
 4 Traffic Misdemeanor
 5 Ordinance
 6 Other

Name (Last, First, Middle): **NEWELL, BECKY SUE** Alias: Race: **W** Sex: **F** Date of Birth: **07/13/1966**

continue the tasks.

As a result of the above investigation, I placed Newell under arrest. I placed handcuffs on her, double-locked them, and placed her in the back seat of my patrol vehicle.

I transported Newell to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20-minute observation period to ensure Newell did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Newell provide a lawful sample of her breath for the purpose of determining the alcohol content. Newell would not give a direct answer to whether or not she would provide a sample of her breath. I advised Newell of Implied Consent and after multiple questions being asked over and over again she advised she would provide a breath sample. Newell attempted to provide a breath sample and then refused after one try. A breath refusal was called at 02:11 hours.

As a result of the above investigation, Newell was charged with driving under the influence pursuant to Florida State Statute 316.193(1)(A).

Newell was booked into the Palm Beach County Jail without incident.

The above incident was captured on my department-issued Axon BWC.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

[Signature]
 Notary Public / Clerk of Court / Officer (If Notary Public)
 DATE: **04/23/23**

[Signature] 1240
 Signature of Arresting / Investigating Officer
PICARD, RONNIE (1240)
 NAME OF OFFICER (PLEASE PRINT)
 Comm# HH225716
 Expires 2/7/2026
 DATE: **04/23/2023**

ADMINISTRATIVE

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Officer Picard, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of Jupiter Police Department, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 23 day of April, 20 23, at 00:36 P.M. A.M.

DRIVER Becky Sue Newell
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # A8078073, state of California, was placed under lawful arrest for
the offense of DUI by Officer Picard and
(Name of Arresting Officer)
issued citation # AHDGNEE

That on or about the 23 day of April, 20 23, at 02:11 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, or 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. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

[Signature] 1240
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/3/2026 SEAL)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer



The foregoing instrument was sworn and subscribed before me this 23 day of April, 20 23,
by Officer R. Picard 1240,
who is personally known to me or who has produced
Personally Known as identification.
Notary Public [Signature]

Title _____
Date _____

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
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 23-060297 PBSO ZONE 3-14

AGENCY CASE # 23-001694 CRASH CASE # _____

TIME OF STOP/CRASH 00:02 DATE 04/23/2023 DAY Sunday

SUBJECT'S NAME Newell Becky Sue RACE W SEX F
LAST FIRST MID

HGT 5'04 WGT 160 DOB 07/13/1966

LOCATION Center Street/N Pennock Ln

ARRESTING OFFICER'S NAME & ID R. Picard 1240 AGENCY Jupiter

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 01:16

ARREST TIME 00:36

BREATH RESULTS:

1)	
2)	
3)	
4)	

TESTING OFFICER'S ID 40577 PBSO VIDEOTAPE # N/A

REFUSED
NOT A CERTIFIED

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: _____

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: 04/23/2023

Date of Last Agency Inspection: 04/14/2023
Observation Period Began: 01:16
Subject's Name: BECKY S NEWELL

DOB: 07/13/1966 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	02:04
	Air Blank	0.000	02:04
	Control Test	0.081	02:04
	Air Blank	0.000	02:05
	Subject Sample #1	VNM*	02:08
	Air Blank	0.000	02:09
	Air Blank	0.000	02:11
	Subject Sample #2	REF**	02:11
	Air Blank	0.000	02:11
	Control Test	0.079	02:12
	Air Blank	0.000	02:12
	Diagnostics Check	OK	02:12

*Volume Not Met (0.141 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Subject Test Refused

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 MADDELIN GONZALEZ, 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-80 Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 04/23/23
Signature

Sworn to (or affirmed) before me this 23 day of April, 2023

[Signature] Signature of Notary Public-State of Florida
Off. R. Beard 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.

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: NEWELL, BECKYS
CASE NUMBER: 23-060297
DATE: Apr 23, 2023
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 01:55
ENDING TIME: 02:12

BREATH TESTS RESULTS: 1) VNM TIME 02:08 A.M. P.M.
2) R TIME 2:11 A.M. P.M.
3) N/A TIME N/A A.M. P.M.
4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: M. GONZALEZ #40577
MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED
ATTITUDE: CRYING, EMOTIONAL
CLOTHING: CORAL DRESS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:16 HRS.
SUBJECT: REFUSED TO TAKE TEST
A/O: READ I/C TWO TIMES AND EXPLAINED I/C
SUBJECT: STATED SHE UNDERSTOOD I/C AND ASK FOR A LAWYER, THEN AGREE TO TAKE TEST.
SUBJECT REFUSED TO FOLLOW TECH INSTRUCTIONS KEPT BLOWING AND STOPPING PROVIDED FIRST INADEQUATE SAMPLE.
SUBJECT: WHEN CALLED FOR SECOND SAMPLE SUBJECT REFUSED TO COMPLETE TEST AT 2:10
A/O: READ RIGHTS
SUBJECT: STATED SHE UNDERSTOOD RIGHTS.
A/O: NO Q & A
SUBJECT: INVOKED RIGHTS TO COUNSEL

NOT A CERTIFIED COPY

REFUSED

WITNESS LIST

CASE NUMBER: 23-001694

ARRESTING OFFICER: R. Picard

ADDRESS: 196 Military Trl Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: C. Yochum

ADDRESS: 196 Military Trl Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK): _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK): _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

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