

50-2023-CT-020446-AMB

0544792

3490

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

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

OBTS Number	Agency ORI Number FLOI: 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 16 -1 23-127853
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
Location of Arrest (including Name of Business) 13800 BLK OKEECHOBEE BV LOXAHATCHEE GROVES FL			Location of Offense (Business Name, Address) 13800 BLK OF OKEECHOBEE BV, LOXAHATCHEE GROVES FL 33476	
Date of Arrest 11/11/2023	Time of Arrest 0206	Booking Date	Booking Time	Jail Date TOT MICHELLE BROCKWAY

Name (Last, First, Middle) Choquette, Brooke, Jennifer		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White O - Oriental/Asian B - Black	Sex W F	Date of Birth 2/24/1986	Height 5'09	Weight 130
Eye Color BLU	Hair Color BROWN	Complexion FAIR	Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT LEFT HIP/INSIDE OF LEFT FOOT		Marital Status Married	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y N U Y N U
Local Address (Street, Apt. Number) 11814 51st Ct N, West Palm Beach, FL 33411		(City)	(State)	(Zip)
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)
D/L Number, State C230070865640, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) WEST PALM BEACH FL	Citizenship US

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
Parent Legal Custodian Other	Name (Last)	(First)	(Middle)	Residence Phone	
Address (Street, Apt. Number)			(City)	(State)	(Zip)
Business Phone					

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released.	2. TOT HRS/DYS 3. Incarcerated
Released To: (Name)	Relationship		Date	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.			School Attended	Grade
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)				
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 DUI	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1A)	Violation of ORD #						
Drug Activity N	Drug Type N	Amount / Unit	Offense # 23-127853	Warrant / Capias Number		Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406	
Court Date and Time Month DECEMBER Day 7 Year 2023 Time 0800 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

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	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Registered Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy Bunillo 18342	I.D. # 7209	Agency PBSO
Transporting Officer INV. E.K. WHITE 7209	I.D. # 7209	Agency PBSO
Witness here if subject signed with an "X"		PAGE OF

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06- 23-127853			
Charge Type: Check as many as apply.		Special Notes:					
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance					
<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
Name (Last, First, Middle) Choquette	Brooke	Jennifer	Alias	Race W	Sex F	Date of Birth 02/24/1986	
CHARGES D.U.I.		316.193(1)					
Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)				(City)	(State)	(zip)	Phone
Business Address (Name, Street)				(City)	(State)	(zip)	Phone

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts

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

On the 11th day of November, 2023 at 1:41 A.M. P.M. (Specifically include facts constituting cause for arrest.)

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

I was traveling East on Okeechobee Blvd in the Town of Loxahatchee Groves near the intersection of D Road. I observed a vehicle in front of me also traveling eastbound with no tail lights illuminated between sunset and sunrise. I conducted a traffic stop on the vehicle which is a white 2018 Jeep Limited bearing FL Tag- ERC. I made contact with the driver of the vehicle who is a white female who was later identified by her Florida Driver's License as Brooke Jennifer Choquette. I asked her for her driver's license, registration, and proof of insurance. While observing the defendant I could smell an odor of an unknown alcoholic beverage emanating from the vehicle. I observed the defendants eyes which appeared to be bloodshot and glossy. The defendant was very slow attempting to locate the requested documents and providing me with expired registration cards. The defendant was unable to locate the registration or insurance card. I asked the defendant if she had anything to drink and she stated no, I asked her again at which time she stated that she had two. With the above evidence I requested a response from Inv. E. White #7209 of the Palm Beach County Sheriff's Office DUI unit to respond and the investigation was turned over to him. This ends my involvement in this case.

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S T. Patt (ID #) 8779

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of November, 2023 by D/S T. Patt 8779

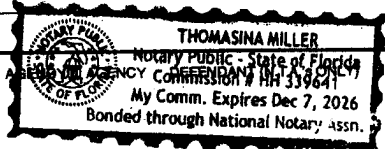
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Inv. E. White #7209

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

PAGE 1 OF 1

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
ADMIN	OBTS Number	Agency ORI Number FLO. 5. 0. 0. 0. 0. 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 23-127853		
	Charge Type	Check as many as apply		Special Notes				
CHARGES	Name (Last, First, Middle) Choquette, Brooke, Jennifer		Alias		Race W	Sex F	Date of Birth 2/24/1986	
	Charge Description DUI		316.193(1)A		Charge Description			
VICTIM	Victim's Name (Last, First, Middle)		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
<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.</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>11</u> day of <u>NOVEMBER</u> 20 <u>23</u> at <u>0141</u> <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p>								
<p><input type="checkbox"/> Morsy's Law CVI FL. Const. Art. 1 § 16(b)</p> <p>On Saturday, November 11, 2023 at approximately 0148 hours, I was dispatched to the 13800 Block of Okeechobee Boulevard, Loxahatchee Groves (Palm Beach County) Florida to assist Deputy T. Patt with a traffic stop that involved a possible impaired driver. Upon my arrival I noticed a white Jeep stopped on the south shoulder of the roadway facing east. D/S Patt's patrol vehicle was stopped behind it with his emergency lights activated. D/S P. Heckler was also on scene as a back up deputy. I spoke with D/S Patt who wrote the following statement on a probable cause affidavit: I was traveling East on Okeechobee Blvd in the Town of Loxahatchee Groves near the intersection of D Road. I observed a vehicle in front of me also traveling eastbound with no tail lights illuminated between sunset and sunrise. I conducted a traffic stop on the vehicle which is a white 2018 Jeep Limited bearing FL Tag- ERC. I made contact with the driver of the vehicle who is a white female who was later identified by her Florida Driver's License as Brooke Jennifer Choquette. I asked her for her driver's license, registration, and proof of insurance. While observing the defendant I could smell an odor of an unknown alcoholic beverage emanating from the vehicle. I observed the defendant's eyes which appeared to be bloodshot and glossy. The defendant was very slow attempting to locate the requested documents and providing me with expired registration cards. The defendant was unable to locate the registration or insurance card. I asked the defendant if she had anything to drink and she stated no, I asked her again at which time she stated that she had two. With the above evidence I requested a response from Inv. E. White #7209 of the Palm Beach County Sheriff's Office DUI unit to respond and the investigation was turned over to him. This ends my involvement in this case:</p> <p>I approached the Jeep from the driver said and made contact with a white female sitting in the driver seat. Another white female was seated in the front passenger seat. Both of whom appeared to had been drinking an unspecified amount of alcoholic beverages. Focusing my attention back on the driver, who was later identified as Brooke Jennifer Choquette by her Florida driver license, I noticed her eyes were red, watery and glossy. Her face was flushed, mouth dry and she slurred her speech slightly while speaking. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. She was wearing a black tank top, black/red skirt brown sandals. I reiterated the reason for her being stopped. Moreover I explained the deputy who stopped her suspected her to had been drinking alcoholic beverages.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		INV. E.K. WHITE					
	(Signature of Arresting/Investigative Officer)							
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>NOVEMBER</u> 20 <u>23</u> by <u>INV. E.K. WHITE</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>								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		<i>Thomasina Miller</i>						PAGE <u>1</u> OF <u>2</u>



PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Copies

1 Juvenile N

OBTs Number		Agency ORI Number FL0 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 23-127853	
Charge Type Check as many as apply		Special Notes		Race		Sex	
<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				W		F	
Name (Last, First, Middle) Choquette, Brooke, Jennifer				Date of Birth 2/24/1986			
Charge Description DUI		316.193(1)A		Charge Description			
Charge Description				Charge Description			
Victim's Name (Last, First, Middle)				Race		Sex	
Local Address (Street, Apt Number) (City) (State) (Zip)				Phone		Address Source	
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.</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>11</u> day of <u>NOVEMBER</u>, 20 <u>23</u> at <u>0141</u> <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p>							
<p><input type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 18(b)</p> <p>I told her I shared the suspicion of her alcoholic beverage consumption. My suspicion was prompted by the previously mentioned indicators she was exhibiting. I asked where was she coming from and her passenger replied with Boonies. Her passenger volunteered they both had the chance to go out and was almost home when they were stopped. Based on my suspicion I asked the driver if she would perform Standardized Field Sobriety Tasks to determine if she was impaired while operating her vehicle. She declined. I explained Taylor Warnings which informed her the tasks are voluntary and she do not have to perform them. In the absence of her performance, however, would force me to conclude my investigation on her impairment with the evidence before me. Additionally I explained her refusal to perform the tasks will be used against her in a court of law. I asked if she understood the warning. She told me she did understand. I asked if she would reconsider and perform the tasks. She refused again. I asked her to exit the vehicle and walk to the rear of it. Once at the back of her vehicle I noticed a slight sway from side to side. I also could smell a strong odor of an unknown alcoholic beverage coming from her breath. Thus based on the evidence supporting the defendant consuming an unknown amount of alcoholic beverages, coupled with the deputy's observation of her vehicle traveling on the roadway without lights on and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for the charge. She was handcuffed (checked for proper fit) prior to being seated into the rear of my patrol vehicle. She permitted her passenger to call someone to driver her vehicle home. She also allowed her to take custody of her personal effects. I began transport to the main jail's breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate. Afterward I escorted her into the testing room and asked her to provide breath samples for the purpose of detecting her alcohol content. She refused and was read implied consent. The defendant acknowledged the consent. I asked if she would reconsider her refusal and provide breath samples. She refused again and was deemed a "Refusal". I advised her of her Constitutional Rights in which she acknowledged. I asked if she would consent to an interview. She initially agreed, but invoked her "rights" during the interview. She was later booked into the main jail for DUI.</p>							
STATE OF FLORIDA COUNTY OF PALM BEACH				INV. E.K. WHITE			
(Signature of Arresting/Investigative Officer)							
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>NOVEMBER</u> , 20 <u>23</u> by <u>INV. E.K. WHITE</u>							
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>							
Notary Public, Clerk of Court, Officer (F.S.S. 117, 10)							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF NOVEMBER 20 23, AT 0141 AM PM

SUBJECT: Choquette, Brooke, Jennifer CASE NUMBER: 23-127853

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. E.K. WHITE

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

NONE

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM THEIR BREATH.

GENERAL OBSERVATIONS

SPEECH: SLIGHT SLUR

ATTITUDE: UNCOOPERATIVE, POLITE

CLOTHING: NORMAL

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

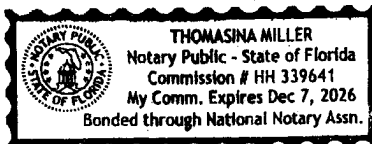
INV. E.K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of NOVEMBER 2023 by INV. E.K. WHITE

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

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



SUBJECT: Choquette, Brooke, Jennifer

CASE NUMBER 23-127853

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:

REFUSED TO PERFORM ALL TASKS

WALK & TURN:

N/A

ONE LEG STAND:

N/A

FINGER TO NOSE:

N/A

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS:

1) REFUSED	2)	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. E.K. WHITE

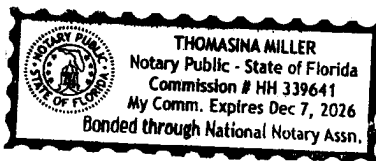
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of NOVEMBER 2023 by INV. E.K. WHITE

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

Thomasina Miller

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



NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 23-127853

ARRESTING OFFICER: INV. E.K. WHITE

ADDRESS: TRAFFIC/DUI

PHONE NUMBERS (HOME): _____ (WORK) 863 227 4287

CAN TESTIFY TO: FACTS

NAME: D/S TYRELL PATT

ADDRESS: DIST 15

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: STOPPING THE VEHICLE

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: 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:

COMMENTS:

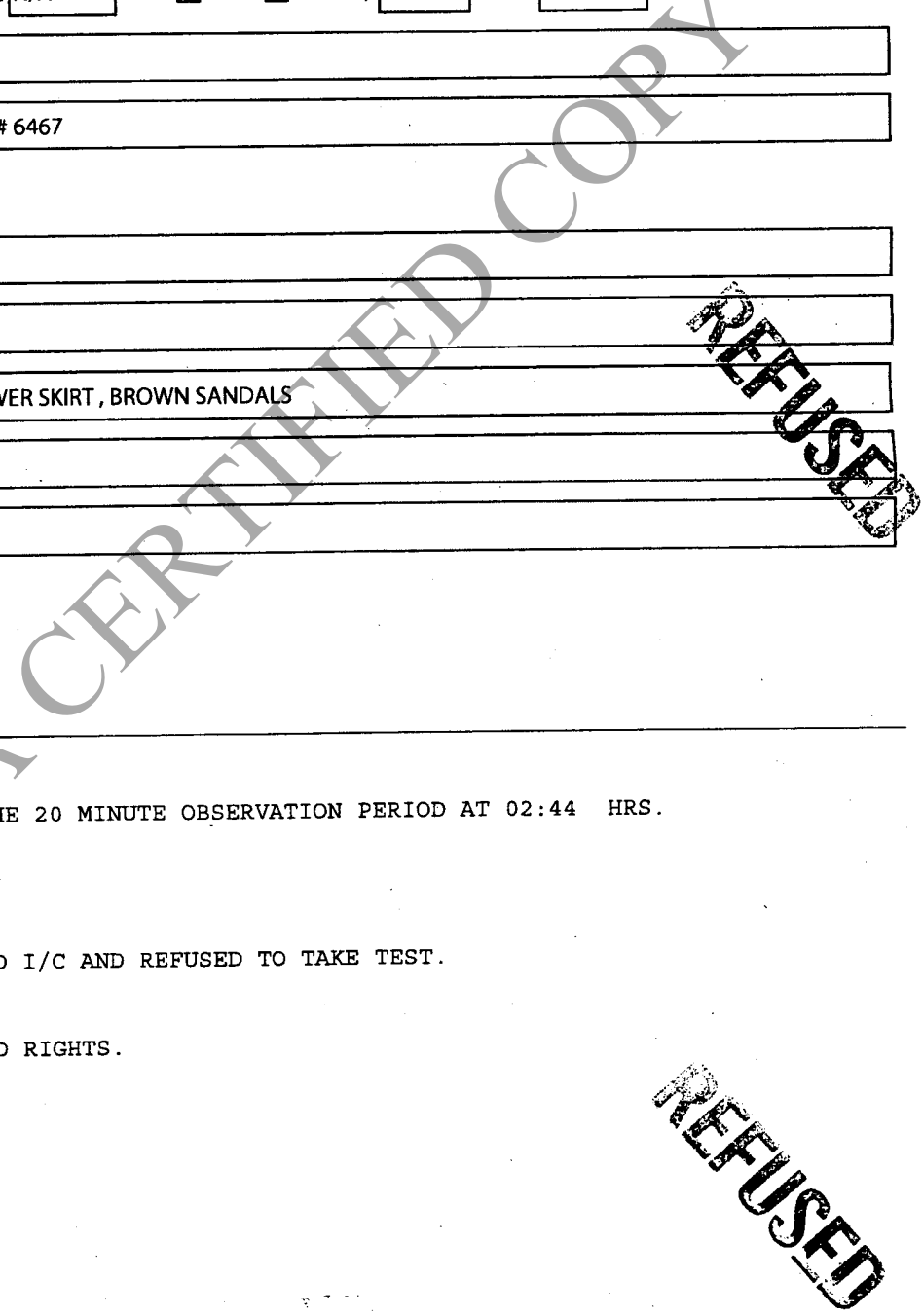
ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:44 HRS.

SUBJECT: REFUSED TO TAKE TEST.

A/O: READ I/C.
SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

A/O: ATTEMPTED Q & A.
SUBJECT: ANSWERED QUESTIONS.



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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

Florida

DRIVER LICENSE



USA

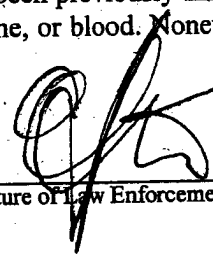
NOT A CER

**STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST**

I, inv. E.K. WHITE, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)
or affirm that on or about the ELEVENTH day of November, 2023, at 2:06 AM
DRIVER BROOKE JENNIFER CHOQUETTE
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # C230070865640, state of FL, was placed under lawful arrest for
the offense of DUI by inv. E.K. WHITE and
(Name of Arresting Officer)
issued Citation # AHACZKE.

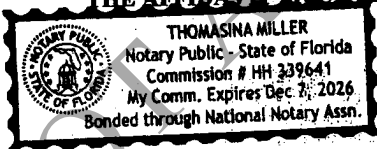
That on or about the ELEVENTH day of November, 2023, at 3:13 AM
in Palm Beach County,

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 of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 11 day of November, 2023,
by _____

who is personally known to me or who has produced _____
as identification.

Notary Public Thomasina Miller

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

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

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 checked="" type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	13
	<input checked="" type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	12
	<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: 2023029842	Date: 11/12/2023
	Specialist Name/ID#: MTools #8557