

23 CT 15488 SB

AGENCY CASE #: 23-0104

REPORT DATE: 08/30/2023

ARREST AFFIDAVIT

CASE INFORMATION	CIRCUIT 15TH JUDICIAL CIRCUIT		REPORTING AGENCY MANALAPAN POLICE DEPARTMENT				REPORT DATE 08/30/2023	
	REPORTING AGENCY ORI # FL0502100		ARRESTING AGENCY ORI # FL0502100		SUBMITTING AGENCY ORI # FL0502100		BOOKING AGENCY ORI # FL0502100	
	AGENCY CASE # 23-0104		ARREST # OR COURT CASE #		JUVENILE? NO	TYPE OF ARREST TAKEN INTO CUSTODY		
	OBTS #		EVIDENCE CONFISCATED OTHER PROPERTY TAKEN AT TIME OF ARREST			EVIDENCE CONFISCATED DESCRIPTION CELL PHONE FL DL		
	<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/CAPIAS					
LOCATION OF ARREST	ARREST		BOOKING			JAIL		
	DATE 08/29/2023	TIME 11:24 PM	DATE 08/30/2023	TIME 12:57 AM	DATE 08/30/2023	TIME 12:01 AM		
	AT BUSINESS? NO		COMPANY NAME					
LOCATION OF OFFENSE	STREET # 800 BLK	PRE DIRECTION SOUTH	STREET NAME OCEAN BLVD		POST DIRECTION	STREET CATEGORY CODE BOULEVARD	APT/UNIT #	
	CITY MANALAPAN	STATE FL	ZIP 33462	AT LATITUDE		AND LONGITUDE		
	AT BUSINESS? NO		COMPANY NAME					
ARRESTEE	STREET # 200 BLK	PRE DIRECTION SOUTH	STREET NAME OCEAN BLVD		POST DIRECTION	STREET CATEGORY CODE BOULEVARD	APT/UNIT #	
	CITY MANALAPAN	STATE FL	ZIP 33462	AT LATITUDE		AND LONGITUDE		
	PERSON # 1	COARRESTEE STATUS	JUVENILE? NO	PARENTS CONTACTED?	RELATIONSHIP TO SUBJECT	NTA? YES		
BUSINESS/GOVERNMENT NAME				VICTIM TO SUBJECT RELATIONSHIP				
FIRST NAME CAITLIN		MIDDLE NAME MARIE	LAST NAME GRANT		SUFFIX	DATE OF BIRTH 4/9/1987	AGE 36	
GENDER F	HEIGHT 5'06"	RACE W	ETHNICITY NOT HISPANIC OR LATINO		ALIAS / MAIDEN	ALT NAME DESC.	COMPLEXION FAIR	
BUILD HEAVY		WEIGHT 180 LBS	EYE COLOR BRO	HAIR COLOR BRO	PHYSICAL FEATURE LARGE BUILD			
SCARS/MARKS/TATOOS (LOCATION / DESCRIBE)								
DUI INDICATOR ALCOHOL	SPEAKS ENGLISH? YES	THREAT? NO	PROBATION? NO	GANG AFF? NO	SEX OFFENDER? NO	MENTAL HEALTH NO	HOMELESS? NO	
IDENTIFICATION								
DRIVER LICENSE # G653113876290		DL STATE FL	DL CLASS E	PLACE OF BIRTH FLORIDA	COUNTRY OF CITIZENSHIP US			
SOC. SEC. #	INS #	FBI #	FCIC/NCIC #	BOOKING #	SPN #	DOC #	OTHER ID #	
PERMANENT ADDRESS								
STREET # 1402		STREET NAME S DIXIE HWY			STREET CATEGORY CODE HIGHWAY	APT/UNIT # 1407		
CITY LANTANA		STATE FL	ZIP CODE 33462	ADDRESS SOURCE VERBAL				
PERSON RESIDENCE CODE RESIDENT			PHONE # (716) 908-0837	E-MAIL				

FILED PBC - GUN CLUB--
22 AUG 30 AM 7:32

0542986

J. DUNN 30162

3944

AGENCY CASE #: 23-0104

REPORT DATE: 08/30/2023

CHARGE INFORMATION	CHARGE #	VICTIM PERSON #	OFFENSE START DATE	OFFENSE END DATE	INCIDENT START DATE	INCIDENT END DATE
	1	STATE OF FLORIDA	08/29/2023	08/30/2023	08/29/2023	08/30/2023
	JUVENILE REFERRAL					
	CHARGE TYPE	CHARGE SEVERITY	ORDINANCE #	STATE STATUTE	STATUTE CATEGORY	
	FSS	MISDEMEANOR		316.193(1C)	DUI-UNLAW BLD ALCH	
STATUTE DESCRIPTION				COUNTS	INCREASED PENALTY	DOMESTIC VIOLENCE
DUI BREATH ALCOHOL 0.08 OR MORE PER 210 L				1		NO
DRUG ACTIVITY	DRUG TYPE	DRUG AMOUNT	BAIL BOND TYPE	BOND DATE	BOND AMOUNT	WARRANT #
N/A						

ENFORCEMENT OFFICIAL	FIRST NAME	LAST NAME	BADGE #	RANK	SIGNATURE METHOD
	CARA	CARDARELLI	52151	OFFICER	ELECTRONIC
I SWEAR/AFFIRM THE ABOVE ATTACHED STATEMENTS ARE TRUE AND CORRECT ON			OFFICER SIGNATURE		
08/30/2023 at 01:05			<i>Cara</i>		
AFFIRMING OFFICIAL	AFFIRMING OFFICIAL NAME	BADGE #	AFFIRMING AGENCY ORI #	SIGNATURE METHOD	AFFIRMING OFFICIAL SIGNATURE
	SUBSCRIBED AND AFFIRMED TO BEFORE ME ON			BY <i>DJ DUNN 30162</i>	
WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED			AS IDENTIFICATION. (LEO/CO (FSS 117.10))		
<i>30162</i>					

SOUTH COUNTY
SEPT 12, 2023 08:30 hrs

NOT A CERTIFIED COPY

AGENCY CASE #: 23-0104

REPORT DATE: 08/30/2023

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:

On 08/29/2023 at 23:05 (Specifically include facts constituting cause for arrest.)

On Tuesday, Aug 29, 2023 at or about 23:05 hours, at the location of 200 block of South Ocean Blvd, Manalapan FL 33462 which is located within the jurisdictional limits of the Town of Manalapan, within Palm Beach County and the State of Florida, the above named defendant did commit the violation of Driving Under the Influence of (alcoholic beverages/controlled substance); Caitlin Marie Grant did then and there unlawfully drive, or was in actual physical control of a motor vehicle, to-wit: a white Mitsubishi Outlander Sport, bearing FL tag BC20CY, while she was under the influence of (alcoholic beverages/controlled substance) to the extent that her normal faculties were impaired, or with a blood alcohol level of, to-wit: 1st sample: .238 - 2nd sample .232.

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

AFFIRMING OFFICIAL NAME D/S Dina 36602 SUBSCRIBED AND AFFIRMED TO BEFORE ME ON 8/30/23

AFFIRMING OFFICIAL SIGNATURE [Signature] WHO IS A LAW ENFORCEMENT OFFICER OR NOTARY

I swear/affirm the above attached statements are true and correct. OFFICER'S SIGNATURE [Signature]

P.C. Exists for Charge(s): YES NO Judge's Signature _____ Date _____

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. SIGNING THIS NOTICE TO APPEAR IS NOT AN ADMISSION OF GUILT. YOUR SIGNATURE ACKNOWLEDGES RECEIPT OF THE INFORMATION LISTED HEREON.

DEFENDANT/JUVENILE SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

SUBJECT: GRANT, CAITLIN M 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) READ ON CAMERA ON SCENE

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

SUBJECT: GRANT, CAITLIN M 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: 80-006029 Software: 8100.27
Date of Test: 08/30/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 00:01
Subject's Name: CAITLIN M GRANT

DOB: 04/09/1987 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	00:31
	Air Blank	0.000	00:32
	Control Test	0.079	00:32
	Air Blank	0.000	00:32
	Subject Sample #1	0.238	00:33
	Air Blank	0.000	00:34
	Air Blank	0.000	00:36
	Subject Sample #2	0.232	00:36
	Air Blank	0.000	00:37
	Control Test	0.076	00:37
	Air Blank	0.000	00:38
	Diagnostics Check	OK	00:38

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 MADELIN 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: 08/30/23
Signature

Sworn to (or affirmed) before me this 30 day of August, 2023

[Signature] OFC. C. CARDARELLI
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.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
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	Diagnostics Check	OK	00:31
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	Control Test	0.079	00:32
	Air Blank	0.000	00:32
	Subject Sample #1	0.238	00:33
	Air Blank	0.000	00:34
	Air Blank	0.000	00:36
	Subject Sample #2	0.232	00:36
	Air Blank	0.000	00:37
	Control Test	0.076	00:37
	Air Blank	0.000	00:38
	Diagnostics Check	OK	00:38

Aug 10th
830

Cylinder Lot: 15922080A3
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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 MADELIN GONZALES, 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: 08/30/23
Signature

Sworn to (or affirmed) before me this 30 day of August, 2023
[Signature] OFF. C. CARDARELLI
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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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 00:01 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: STATED READ RIGHTS ON SCENE

SUBJECT: STATED SHE UNDERSTOOD RIGHTS.WHEN READ ON SCENE

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

A/O: NO Q & A CONDUCTED

TESTING FACILITY TASK REPORT

AGENCY: MPD

SUBJECT: GRANT, CAITLIN M

CASE NUMBER: 23-104799

DATE: Aug 30, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:27

ENDING TIME: 00:39

BREATH TESTS RESULTS: 1) .238 TIME 00:33 A.M. P.M. 2) .232 TIME 00:36 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: SLURRED

ATTITUDE: CRYING, EMOTIONAL, APOLEGETIC

CLOTHING: FUSHIA DRESS, BEIGE SANDALS

MEDICAL CONDITIONS: BIPOLAR

MEDICATIONS: LAMICTAL

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:01 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: STATED READ RIGHTS ON SCENE

SUBJECT: STATED SHE UNDERSTOOD RIGHTS.WHEN READ ON SCENE

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

A/O: NO Q & A CONDUCTED

SUBJECT: GRANT, CAITLIN M CASE NUMBER: 1

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? _____

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

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WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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- DO YOU HAVE:
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 - EAR INFECTION? _____
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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: _____

SUBJECT: GRANT, CAITLYN M

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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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.

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SUBJECTS SIGNATURE: (X) _____

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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) READ ON (IMPLICIT OR) SCENE

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023022725	Date: 8/30/2023
	Specialist Name/ID: T.Howard/7185