

0537490

A 23CP486MB

3458

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input type="checkbox"/> N <input checked="" type="checkbox"/>		
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT			Agency Report Number 78 - 23000303						
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" 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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) Avenue of The Masters/Lethington Rd, Palm beach Gardens FL					Location of Offense (Business Name, Address) Avenue of The Masters/Lethington Rd, Palm Beach Gardens FL						
Date of Arrest 01/16/2023		Time of Arrest 14:43		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) MAIMONE, CARLENE, MARIE										Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 07/25/1963	Height 501	Weight 120	Eye Color brown		Hair Color brown		Complexion light	Build medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status Single	Religion CATOLIC	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 19 Dorchester Circle				(City) Palm Beach Gardens FL		(Zip) 33410		Phone (561) 602-7110		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 19 Dorchester Circle				(City) Palm Beach Gardens FL		(Zip) 33410		Phone		Address Source FL DL	
Business Address (Name, Street)				(City)		(Zip)		Phone		Occupation	
DL Number, State M-550-113-63-765-0 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) new brunswick, NJ		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"/> Legal Custodian <input type="checkbox"/> 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 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 (Phone 355-2526) 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. Synthetics	U. Unknown Z. Other
Charge Description DUI - BAC/BRAC OVER .15			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)			Violation of ORD #			
Drug Activity P	Drug Type z	Amount / Unit		Offense # 23000303		Warrant / Capias Number		Bond			
Charge Description CONTROLLED SUBST W/O PRESCRIPTION (Xanax)			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6)(A)			Violation of ORD #			
Drug Activity p	Drug Type z	Amount / Unit		Offense # 23000303		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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700											
Court Date and Time Month February Day 22 Year 2022 Time 10:30 AM <input checked="" type="checkbox"/> PM											
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 01/16/2023											
Signature of Defendant (or Juvenile and Parent /Custodian)								Date Signed			
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) Ofc. Butzbach				I.D. # 507		(PRINT)	
Isp/Asst Deputy 501		I.D. #		Pouch #		Transporting Officer Ofc Butzbach		ID # 507		Agency PBGPD	
Witness here if subject signed with an -X-								PAGE 1		OF 1	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

ASD

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL FLO502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 23-000303	
Charge Type: Check as many as apply.				Special Notes:		
<input checked="" 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) MAIMONE, CARLENE MARIE			Alias	Race W	Sex F	Date of Birth 07/25/1963
Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE			Charge Description 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP			
Charge Description			Charge Description			

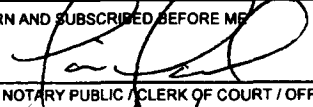
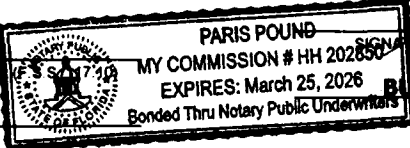
Victim's Name (Last, First, Middle) State Of Florida			Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source
Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation


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 WASHINGTON** who told **OFFICER BUTZBACH** 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 **16** day of **January**, **2023** at **16:57** (Specifically include facts constituting cause for arrest.)

On Monday, January 16, 2023, at approximately 1:54p.m. I responded to a traffic stop at the intersection of Avenue of The Masters and Lethington Road, Palm Beach Gardens, Florida. My Department issued body-worn camera was used for entire investigation.

Upon arrival I made contact with Officer Washington ID #479 who was the officer who initiated the traffic stop. Officer Washington advised she was westbound on PGA Boulevard in the center lane just west of Old Palm Drive. Officer Washington observed a white Hyundai (bearing FL tag KPQV59) next to her in the left lane, unable to maintain its lane of travel. The vehicle drifted into Officer Washington's lane of travel causing her to have to swerve to avoid a crash. Officer Washington got behind the vehicle; The vehicle went into the left turn lane to make a left onto Fairway drive. The vehicle had a red light and almost failed to stop at the red light. Officer Washington activated her red and blue emergency lights signaling for the vehicle to stop for a traffic stop. When the light went green, the vehicle made the left turn onto Fairway Drive when the light turned green. Officer Washington then activated her sirens in addition to having her red and blue emergency lights on. The vehicle continued to drive the speed limit but would not stop. The driver drove south on Fairway drive, around the traffic circle to Avenue of the Champions. Then South on Avenue of the Masters, through the security gate to PGA National and continued South. Sergeant Soule was ahead of the vehicle in the community and was able stop in front of it at the stop sign for the intersection of General Drive and Avenue of the Masters.

Officer Washington advised me she made contact with the driver and sole occupant who identified herself via Florida Drivers license as Carlene Maimone (defendant). While talking to the defendant, Officer Washington noticed her eyes to be red and watery, her speech to be slurred, her movements slow and deliberate, and a strong odor of an unknown alcoholic beverage emanating off of her person. The defendant advised she was diabetic. Palm Beach Gardens Fire Rescue was called to the scene to evaluate the defendant. Palm

SWORN AND SUBSCRIBED BEFORE ME			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BUTZBACH, WILLIAM (507)
NOTARY PUBLIC / CLERK OF COURT / OFFICE	DATE 01/16/23		NAME OF OFFICER (PLEASE PRINT) 01/16/2023
			PAGE 1 OF 3

OBTS Number Agency ORI Number FL FL0502600	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE
Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 23-000303		
Charge Type: Check as many as apply. <input checked="" 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) MAIMONE, CARLENE MARIE		Race W	Sex F
Date of Birth 07/25/1963			
<p>Beach Gardens Fire Rescue advised the defendants blood sugar was within normal levels and she did not need medical treatment at that time.</p> <p>Officer Washington turned the traffic stop over to me to conduct a DUI investigation. The defendant was leaning against her car and advised she takes medication for her thyroids, water pills for her liver, and Xanax for her anxiety. The defendant advised she had bad hands and knees. I asked the defendant if she would be willing to perform several Standardized Field Sobriety Task (SFST), she said she would. The following is the results;</p> <p>Horizontal Gaze Nystagmus (HGN) - I observed lack of smooth pursuit in both the left and right eye. I observed distinct and sustained nystagmus at maximum deviation in both the left and right eye. I observed the onset of nystagmus prior to 45 degrees in both the left and right eye. I observed vertical gaze nystagmus in both the left and right eye. I observed vertical gaze nystagmus.</p> <p>Modified Rhomberg - The defendant advised she understood the instructions, after 13 seconds the defendant advised 30 seconds has passed.</p> <p>Finger to nose - The defendant advised she understood the instructions and had no questions. On the first touch (left) she touched her nose with the pad of her finger. On the second touch (right) she touched her nose twice. On the third touch (left) she touched her nose twice. On the fourth touch (right) she touched her nose with the pad of her finger. On the fifth touch (right) she touched the bottom of her nose with the inside of her finger. On the sixth touch (left) she touched her nose twice.</p> <p>Rhomberg - The defendant advised she understood the instructions. She recited, A-B-C-D-E-F-G-H-I-J-K-L-M-N-O-P-Q-R-X-Y-Z. The defendant missed S-T-U-V-W of the alphabet.</p> <p>Kauffs towing was called to the scene to remove the vehicle from the roadway, a vehicle inventory and tow information sheet was completed. Inside the defendants purse, I located a white Bayer aspirin bottle that contained 2 Bayer aspirin and 25 oval pills, they were orange in color with the imprint of B705. I used Drugs.com to identify the 25 oval pills as alprazolam (Xanax). Inside the defendants purse was also a vape pen that had a thick brown liquid. Based on my training and experience I identified this as THC oil. I read the defendant her Miranda Rights from a department issued Miranda Card. She advised she understood. I asked her how many Xanax she is prescribed, and she said her doctor only gives her 20 at a time. I asked the defendant about the THC oil in the vape pen and she advised she bought it from her friend who has a medical marijuana card. I asked the defendant if she has a medical marijuana card and she advised she does not because she cannot afford one.</p>			
SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (P) 01/16/23 DATE			
NAME OF ARRESTING / INVESTIGATING OFFICER MATZBACH, WILLIAM (507) NAME OF OFFICER (PLEASE PRINT)		DATE 01/16/2023	
			PAGE 2 of 3

Agency ORI Number **FL FL0502600** Agency Name **Palm Beach Gardens Police Department** Agency Report Number **7 | 8 | 23-000303**

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

Name (Last, First, Middle) **MAIMONE, CARLENE MARIE** Race **W** Sex **F** Date of Birth **07/25/1963**

Based on the totality of the circumstances, I determined the defendant was impaired and could not operate a motor vehicle safely on the state's roadways. I placed the defendant under arrest for driving a motor vehicle under the influence of alcohol and/or chemical substance. The defendant was transported to the Palm Beach County Breath Alcohol Testing Center (BAT). The defendant was observed for 20 minutes and did not ingest anything or vomit. I brought the defendant on camera and asked her to submit to a breath test to determine his BAC, she agreed to provide a sample. At 4:03p.m. the defendant provided a breath alcohol sample of .312 and at 4:05p.m. provided a breath alcohol sample of .306.

Due to the defendant providing a breath sample over .300, the defendant was taken to JFK midtown for medical clearance.

Based on the totality of circumstances and my investigation, I found Carlene Maimone to be in actual physical control of and operate a vehicle in and on the streets of Palm Beach Gardens, Florida, while under the influence of an alcoholic beverage and/or controlled substance and in violation of F.S.S. 316.193(1) (A) - Driving under the influence and F.S.S. 316.193(4) - possession of a controlled substance without a prescription (Alprazolam and THC oil). The defendant was turned over to the Palm Beach County Jail without any incident.

The THC oil and 25 Alprazolam were seized and turned into Palm Beach Gardens Evidence.

SWORN AND SUBSCRIBED BEFORE ME

[Signature]
 NOTARY PUBLIC / CLERK OF COURT / OFFICER
 DATE **01/16/23**

PARIS POUND
 MY COMMISSION # HH 202850
 EXPIRES: March 25, 2026
 Bonded Thru Notary Public Underwriter

[Signature]
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
UTZBACH, WILLIAM (507)
 NAME OF OFFICER (PLEASE PRINT)
 DATE **01/16/2023**

PAGE **3** OF **3**

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. BUTZBACH #507

SUBJECT: MAIMONE, CARLENE M.

CASE NUMBER: 23-026436

DATE: 01-16-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 15:55 HRS

ENDING TIME: 16:09 HRS

BREATH TESTS RESULTS: 1) .312 TIME 16:03 A.M. P.M. 2) .306 TIME 16:05 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, UPSET, CRYING AT TIMES, MOODSWINGS, COOPERATIVE

CLOTHING: SHIRT-BLACK & WHITE/PLAID PRINT PANTS- BLACK JEANS

MEDICAL CONDITIONS: DIABETIC, KIDNEY PROBLEMS, THYROID PROBLEMS

MEDICATIONS: INSULIN, SEVERAL OTHER MEDICATIONS

OTHER:

EYES: VERY RED & GLASSY, WATERY FROM CRYING/ RUNNY EYE MAKE UP
DEXTERITY: STUMBLING, UNSTEADY WALKING
STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O BUTZBACH #507
A/O REQUESTED THE BREATH TEST ON CAMERA.
D ASKED WHAT HAPPENED IF SHE SAID NO.
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.
I/C BROKEN DOWN TO THE D.
D DECIDED TO SUBMIT TO THE BREATH REQUEST AFTER THE I/C WAS READ TO HER.
D COMPLETED THE TEST CORRECTLY.
EXPALINED THE RESULTS TO THE D.
C/W READ ON SCENE/ NO Q&A PER A/O.

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: _____



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 23-026436 PBSO Zone: 3-14
 Agency Case #: 23000303 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 13:54 Date of Incident: 01/16/2023 Day: Monday
 Location of Incident: Avenue of The Masters/Lethington Rd, Palm Beach Gardens FL

Arrest Information:

Time of Arrest: 14:43 Date of Arrest: 01/16/2023 Day: Monday
 Location of Arrest: Avenue of The Masters/Lethington Rd, Palm beach Gardens FL

Subject's Name: MAIMONE, CARLENE, MARIE DOB: 07/25/1963
 Race: W Sex: F Height: 501 Weight: 120
 Arresting Officer's Name: Ofc. Butzbach ID#: 507
 Agency: PBGPD Division: TRAFFIC CONTROL

Breath Results

- 1) .312 at 16:03 hrs.
- 2) .306 at 16:05 hrs.
- 3) _____ at _____ hrs.
- 4) _____ at _____ hrs.

---BAT Use---	
BAT Notified:	<u>✓</u>
Arrival Time at BAT:	<u>15:25</u>
Subject Arrest Time:	<u>14:43</u>

Breath Test Operator: 6212



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023001473	Date: 1/17/2023
	Specialist Name/ID: M. Tooks #8557