

50-2024-CT-002011-ASB

ARREST / NOTICE TO APPEAR

- 1 Arrest (No Warrant)
- 2 Arrest (Warrant)
- 3 Request for Warrant
- 4 Request for Capias
- 5 Juvenile Referral

1 JUVENILE

OBTS Number	Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2024-001418
Agency ORI Number 0500200	Charge Type: Check as many as apply: <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		If Weapon Seized Enter Type: UNARMED
Location of Arrest (Including Name of Business) 1361 W PALMETTO PARK RD, BOCA RATON, FL 33486		Location of Offense (Business Name, Address) 1361 W PALMETTO PARK RD, BOCA RATON, FL 33486	
Date of Arrest 02/04/2024	Time of Arrest 03:22	Booking Date 02/04/2024	Booking Time 03:32
Jail Date 02/04/2024	Jail Time 05:37	Location of Vehicle WESTWAY TOWING	
Name (Last, First, Middle) COLISKEY, CASSIDY BETH			
Alias:			
Race W - White B - Black	Sex F	Date of Birth 07/21/2000	Height 5'01
Weight 108	Eye Color GREEN	Hair Color BROWN	Complexion LIGHT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R ANKLE / HAND SYMBOL; TATT R HIP / HEART; TATT L		Martial Status S	Religion UNKNOWN
Local Address (Street, Apt. Number) 4390 VELEIROS AVE, POMPANO BEACH, FL 33064		Phone (561) 531-3303	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 4390 VELEIROS AVE, POMPANO BEACH, FL 33064		Phone (561) 531-3303	Residence Type: 1. City 3. Florida 2. County 4. Out of State 3
Business Address (Name, Street) KAN PAI,		Phone	Address Source DEF
D/L Number, State C420102007610 / FL		INS Number	Occupation Server
Place of Birth (City, State) HOWELL, NJ, United		Citizenship US	
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Name (Last, First, Middle)			Residence Phone
Address (Street, Apt. Number)			Business Phone
Notified by (Name)	Date	Time	JUVENILE DISPOSITION 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
Property/Crime?			Description of Property
Value of Property			
Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute
N. N/A	B. Buy	D. Deliver	E. Use
P. Possess	T. Traffic	M. Manufacture/Produce/Cultivate	Z. Other
Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment
N. N/A	C. Cocaine	M. Marijuana	S. Synthetic
A. Amphetamine	E. Heroin	O. Opium/Deriv.	U. Unknown
Charge Description DUI		Statute Violation Number 316.193(1)(A)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #
	N		
Counts	Domestic Violence	Warrant / Capias Number	Bond
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 / Capias Number	Bond
	<input type="checkbox"/> Y <input type="checkbox"/> N		
Health / Apparent Physical Condition of Defendant CALM		Any knowledge of the following: Explains: <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"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health		PROPERTY - Received By HARRISON	Released By PBCJ
Transported By HARRISON		Date Transported 02/04/2024	Time Transported 04:00
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 03/04/2024 08:30:00	
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.			No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
HOLD for Other Agency		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		(PRINT) Name of Arresting Officer (Print) HARRISON, D. M. I.D. # 856	
Transporting Officer HARRISON I.D. # 856 Agency BRPD		Pouch # 764 Witness here if subject signed with an "X"	

- COURT
- STATE ATTORNEY
- AGENCY
- CENTRAL RECORDS
- JAIL
- CRIME ANALYSIS
- P.I.O.
- DEFENDANT

0546842 - 366

FILED PBC - GUN CLUB -
24 FEB 5 AM 7:24



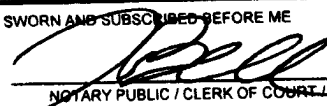
FILED PBC - GUN CLUB -
24 FEB 5 AM 7:24

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2024-001418	
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) COLISKEY, CASSIDY BETH				Race W	Sex F
				Date of Birth 07/21/2000	
Charge Description 316.193(1) DUI		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	
<p>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.</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>4</u> day of <u>February</u>, <u>2024</u> at <u>03:22</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 02/04/2024 at approximately 0239 hours, I responded to the parking lot 1361 W. Palmetto Park Rd. (Taco Bell) in reference to a two-vehicle accident.</p> <p>Upon arrival, I met with both parties and conducted an accident investigation (HSMV# 25903408). It should be noted that upon my arrival, the white female driver in the red Ford bearing FL tag BV23TY was still seated in the driver seat of the vehicle with the vehicle on and running, keys in the ignition. Also, during my encounter with the female, I observed bloodshot glassy eyes, her words were slurred as she mumbled, and I could smell an odor of an unknown alcoholic beverage emanating from her breath and person. Based on my observations, I became concerned that she was possibly operating a motor vehicle while under the influence of alcohol and/or a chemically controlled substance. After I concluded my accident investigation, Ofc. Walker assisted by informing the female driver of the red Ford, who was identified by her FL DL to be Cassidy Coliskey, that the accident investigation was concluded, and a criminal DUI investigation has now begun. Ofc. Walker then read Coliskey her Constitutional Warnings from a preprinted card, and Coliskey advised she understood.</p> <p>I obtained a sworn wheel witness statement on my MVR body camera from the driver of the other vehicle, Aidan Osowski, who informed me that as he was asking Coliskey to park her vehicle so they could exchange information, Coliskey appeared impaired as she was repeatedly braking her vehicle. Coliskey also stated she had struck the front of her vehicle into the rear of the other driver's vehicle, however, there was no visible damage where Coliskey could show me on the front of her vehicle. There was also red paint transfer on the front of Osowski's vehicle, which was consistent with his recollection of the accident, and contrary to Coliskey's recollection.</p> <p>I then returned back to Coliskey and asked her a few questions. According to Coliskey, she was coming from where she works at a restaurant in Boca Raton, where she left at</p>					
SWORN AND SUBSCRIBED BEFORE ME		 <p>JOSHUA BELL Notary Public - State of Florida Commission # HH 418882 My Comm. Expires Jul 9, 2027 Bonded through National Notary Assn.</p>		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)		HARRISON, DANIELLE MARIE (856) NAME OF OFFICER (PLEASE PRINT)		02/04/2024 DATE	
02/04/2024 DATE		02/04/2024 DATE		PAGE 1 OF 3	

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2024-001418
Agency ORI Number FL FL0500200	Special Notes:		
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		
Name (Last, First, Middle) COLISKEY, CASSIDY BETH	Alias	Race W	Sex F Date of Birth 07/21/2000

2300 hours. She was heading to her home in Deerfield Beach but stopped at Taco Bell for some food. She advised she was hanging with her friends for the past few hours, and then later changed her story to say she clocked out of work at 0200 hours. She advised she has no physical injuries, no medical issues, she takes Lexapro for depression (last took at 0900 yesterday), she denied having any alcohol tonight, she is not diabetic and does not take insulin, she does not have any issues that are not corrected by her glasses (which she did not need to see me or drive), and her highest level of education is a high school diploma with some college credits. I then asked Coliskey if she would be willing to participate in field sobriety tasks to dispel my alarm that she was under the influence. Coliskey agreed to participate in the tasks.

I then guided Coliskey over to a solid white line on a dry, flat and leveled surface. Coliskey pointed to the line, stating it was "white." I afforded Coliskey the opportunity to participate in the tasks with her shoes on or off, and she chose to perform the tasks with her shoes on. I explained and demonstrated each task before she performed them.


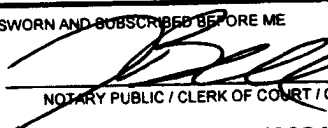
The first task was the Horizontal Gaze Nystagmus. After explaining the instructions, I asked her if she understood. She replied yes. I then asked if she had any questions, and she replied no. I noticed equal pupil size in both eyes. I then observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and nystagmus prior to 45 degrees in both eyes. I also observed vertical nystagmus in both eyes. Coliskey was swaying the entire time.

The next task was the Walk and Turn. After I explained and demonstrated the task, Coliskey advised she understood and did not have any questions. Coliskey did not remain in the starting position. She then took nine steps forward starting with the incorrect foot, turned incorrectly, and lost balance on her ninth step back. She almost fell into her vehicle, using it to stop her fall.

I then explained the next task, One Leg Stand. After explaining and demonstrating the task, Coliskey advised she understood and did not have any questions. Coliskey began hopping and lost her balance midway through. She then continued the task.

The next task was the Finger to Nose (L-R-L-R-R-L). After I explained and demonstrated the task, she advised she understood. She showed me she knew what hand was her left and right. She also showed me she knew what her index/pointer finger was, and where the tip of her nose was. She missed the tip of her nose multiple times. She was also swaying.

The next task was the Rhomberg Alphabet. Coliskey advised she could recite the English alphabet from A-Z without skipping letters and without singing it. Coliskey recited the alphabet correctly.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 JOSHUA BELL Notary Public - State of Florida Commission # HH 418882 My Comm. Expires Jul 9, 2027 Bonded through National Notary Assn	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER, P.S.S. 17769		HARRISON, DANIELLE MARIE (856) NAME OF OFFICER (PLEASE PRINT)
	02/04/2024 DATE		02/04/2024 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE


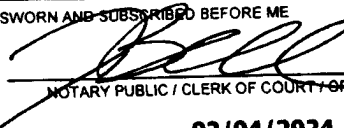

OBTS Number	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2024-001418
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Name (Last, First, Middle) COLISKEY, CASSIDY BETH			Alias	Race W Sex F Date of Birth 07/21/2000

The final task was the Rhomberg Balance (estimate 30 seconds). After I explained the instructions, Coliskey advised she understood and did not have any questions. Coliskey estimated the passage of 30 seconds in 54 seconds.

Based on my observations, I developed probable cause to arrest Cassidy Coliskey for DUI. I handcuffed Coliskey, checked for tightness and proper fit. I then conducted a search of her person and placed her into my marked patrol vehicle. I then transported Coliskey to Palm Beach County Jail BAT, where I conducted a 20-minute observation on Coliskey. I ensured she did not regurgitate or put anything in her mouth during the observation period. Coliskey was then taken into the BAT room. I asked Coliskey for a breath sample. Coliskey refused to provide one. I then read her Florida Implied Consent Warnings, which she advised she understood. I then asked her again if she would provide a breath sample, and she again refused. I then read her Constitutional Warnings again, and she advised she understood and answered my questions. See DUI Influence report.

Cassidy Coliskey is being charged with DUI pursuant to F.S.S. 316.193(1)(a). I issued Coliskey a DUI citation (#AG45AXE). Coliskey's vehicle was towed by Westway Towing. Coliskey was medically cleared at Wellington Regional Hospital and then transported to Palm Beach County Jail without incident.

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 JOSHUA BELL Notary Public - State of Florida Commission # HH 418882 My Comm. Expires Jul 9, 2027 Bonded through National Notary Assn	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 NOTARY PUBLIC / CLERK OF COURT OF DATE 02/04/2024		 HARRISON, DANIELLE MARIE (856) NAME OF OFFICER (PLEASE PRINT) DATE 02/04/2024
			PAGE 3 OF 3

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, Off. Harrison, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of Boca Raton Police Dept, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 4 day of February, 2024, at 0822 P.M. A.M.

DRIVER Cassidy Beth Coiskey
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # C420102007610, state of FL, was placed under lawful arrest for

the offense of DUI by Off. Harrison and
(Name of Arresting Officer)

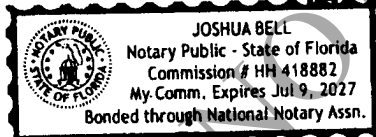
issued citation # AG45AXE

That on or about the 4 day of February, 2024, at 0457 P.M. A.M.
in Palm Beach county,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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. Additionally, I informed the driver that if he or she holds a Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
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:

The foregoing instrument was sworn and subscribed before me this 04 day of Feb, 2024,
by Off. Harrison
who is personally known to me or who has produced known to me as identification
Notary Public [Signature]

Signature of Attesting Officer

Title

Date

HSMV-BAR1001 (REV. 09/2021)

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 # 24-031336 PBSO ZONE 7-11

AGENCY CASE # 2024-001418 CRASH CASE # 25903408

TIME OF STOP/CRASH _____ DATE 02-04-2024 DAY SUNDAY

SUBJECT'S NAME COLISKEY, CASSIDY BETH RACE W SEX F

HGT 5'1 WGT 108 DOB 07/21/2000

LOCATION 1361 PALMETTO PARK RD , BOCA RATON FLORIDA 33432

ARRESTING OFFICER'S NAME & ID D. HARRISON #856 AGENCY BRPD

DIVISION: _____

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 0425

BREATH RESULTS:

Arrest Time 0322

1. REFUSED

2. REFUSED

3. _____

4. _____

TESTING OFFICER'S ID BELL 8656

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: BRPD
SUBJECT: COLISKEY, CASSIDY BETH
DATE: Feb 4, 2024
BEGINNING TIME: 0454
CASE NUMBER: 24-031336
VIDEO DVD NUMBER: N/A
ENDING TIME: 0503

REFUSED

1) R TIME 0457 A.M. P.M.
2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M.
4) XX TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656
MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLING
ATTITUDE: QUIET, EMOTIONAL, COOPERATIVE
CLOTHING: BLACK SHIRT, BLACK PANTS, BLACK SHOES
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0428 HOURS
SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST
A/O READ I.C
SUBJECT STATED SHE UNDERSTOOD I.C
SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST
REFUSAL TIME 0457 HOURS
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

REFUSED

SUBJECT: Coliskey, Cassidy Beth

CASE NUMBER: 24-1418

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 NO Do you still refuse to submit to this test? YES 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 NO Do you still refuse to submit to this test? YES NO

SUBJECTS SIGNATURE: (X) Read on camera

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

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: Coliskey, Cassidy Beth CASE NUMBER: 24-1418

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)? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Military

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? no idea - 3-4-5 am

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

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 3 days ago WHAT DID YOU EAT? french fries

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? crying, hanging w/ family

HOW MUCH DO YOU WEIGH? 165 lbs HAVE YOU BEEN DRINKING? no 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? no HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? service industry & student WHEN DID YOU LAST WORK? Saturday 11:30 - midnight

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? _____

ARE YOU SICK OR INJURED? no WHAT'S WRONG? _____

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Lexapro WHEN? 9am

DO YOU HAVE:

EPILEPSY?	<u>no</u>
GLASS EYE?	<u>no</u>
FALSE TEETH?	<u>Yes - few</u>
EAR INFECTION?	<u>no</u>
INNER EAR TROUBLE?	<u>no</u>
DIABETES?	<u>no</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? _____

INTERVIEWER: Ofc. Harrison # 856



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024003203	Date: 2/5/2024
	Specialist Name/ID#: T.HOWARD/7185