

0538855

23CT 4710SB

1363

ARREST / NOTICE TO APPEAR

ADMTNSTRATION	OBTS Number	ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE				
DEFENDANT	Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>410 23-003432</b>	Enter Type <b>UNARMED</b>		Multiple Clearance Indicator <b>1</b>					
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Location of Arrest (Including Name of Business) <b>134 VIA ESTE, DELRAY BEACH FL 33445</b>		Location of Offense (Business Name, Address) <b>134 VIA D'ESTE, DELRAY BEACH, FL 33445</b>							
DEFENDANT	Date of Arrest <b>03/10/2023</b>	Time of Arrest <b>21:53</b>	Booking Date <b>03/10/2023</b>	Booking Time <b>22:03</b>	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) <b>SADLER, COURTNEY FARRELL</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/06/1974</b>	Height <b>5'07</b>	Weight <b>140</b>	Eye Color <b>Brown</b>	Hair Color <b>BROWN</b>	Complexion <b>Fair</b>	Build <b>SMALL</b>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
DEFENDANT	Local Address (Street, Apt. Number) <b>318 AUSTRALIAN AVE, PALM BEACH, FL 33480</b>		(City)	(State)	(Zip)	Phone <b>(305) 527-3761</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>				
	Permanent Address (Street, Apt. Number) <b>318 AUSTRALIAN AVE, PALM BEACH, FL 33480</b>		(City)	(State)	(Zip)	Phone <b>(305) 527-3761</b>	Address Source <b>DL</b>				
DEFENDANT	Business Address (Name, Street) <b>318 AUSTRALIAN AVE, PALM BEACH, FL 33480</b>		(City)	(State)	(Zip)	Phone <b>(305) 527-3761</b>	Occupation				
	DL Number, State <b>S346106746660 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>PHILADELPHIA</b>		Citizenship <b>U.S.</b>					
CO-DEFENDANT	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)			Residence Phone					
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
JUVENILE	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated						
	Released To: (Name)		Relationship	Date	Time						
CO-DEFENDANT	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.					School Attended		Grade			
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Property Crime?	Description of Property		Value of Property			
CO-DEFENDANT	Drug Activity N. N/A P. Possess	S. Sell T. Traffic	R. Struggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>						Statute Violation Number <b>316.193(3)(C)(I)</b>	Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond <b>OR.</b>		
	Charge Description						Statute Violation Number	Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
	Charge Description						Statute Violation Number	Violation of ORD #			
IN TAKE	Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Poled Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By		Released By		Released To	
NOTICE TO APPEAR	Transported By					Date Transported	Time Transported	Other			
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Demand Time <b>03130123 0830</b>			
APPEAR	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					No Photo Available					
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					
ADMTN	HOLD For Other Agency		Name of Arresting Officer <b>MASON, CHAD</b>		ID # <b>1212</b>	Name Verification (Printed by Arrestee) <b>(PRINT)</b>					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Transporting Officer <b>MASON</b>		ID # <b>1212</b>	Agency <b>DBPD</b>	Witness here if subject signed with an "X".				

10

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF March 20 23, AT 2156  AM  PM

SUBJECT: Courtney Farell Sadler CASE NUMBER: 23-003432

AGENCY: Delray Beach PD ARRESTING OFFICER: Mason #1212

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On March 10, 2023, at approximately 2100 hours, I responded to the area of 134 Via D' Este in Delray Beach, FL in reference to a vehicle accident and possible impaired driver. While en route, Beach Police Department dispatch provided the following information: a silver Volkswagen SUV struck another vehicle. DBPD dispatch further advised that the driver is still inside the vehicle. Upon arrival, I observed the vehicle a 2022 silver in color Volkswagen Tiguan bearing Florida tag # CH2WZ (vehicle identification # 3VVCB7AX6NM077182) facing northbound in the neighborhood lane of the 100 block, Via D' Este (closest to the median) with minor damage to the front right corner of the vehicle. Upon my approach to the vehicle, I observed the driver and sole occupant/registered owner of the vehicle, later identified as W/F Courtney F. Sadler (DOB: 05/08/1974), who had slurred speech and bloodshot/glassy eyes. At this point Sadler stated to me that she just came from eating dinner at an unknown restaurant. When asked where she was coming from and to explain the events of the traffic crash, Sadler continued to repeat that she did not know. Officers then asked Sadler if she was intoxicated to which she answered yes.

### OBSERVATION OF DRIVER:

The defendant appeared impaired, had slow comprehension, slurred her speech, and was unable to maintain her balance while standing before roadsides tasks. The defendant also had bloodshot glossy eyes.

### DRIVER'S STATEMENTS:

The defendant said that she had a previous alcoholic drink and when she was eating dinner at the unknown restaurant.

### ODORS:

I was unable to smell any odors emanating from the defendant.

## GENERAL OBSERVATIONS

SPEECH: Slurred and repeated herself numerous times

ATTITUDE: Not very talkative, and polite at times.

CLOTHING: Blue shirt, blue jean pants, and brown sandals

MEDICAL/OTHER: Claims to be diagnosed with Bi-Polar disorder.

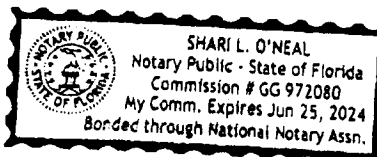
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] 1212  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of March 20 23 by \_\_\_\_\_

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

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



SUBJECT: Courtney Farell Sadler CASE NUMBER 23-003432

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Moved her head instead of following with her eyes at times.

**WALK & TURN:**

The defendant began the task early, walked off of the line, stumbled on maintaining her position, used her arms for balance, and failed to turn around until she was told to do so.

The defendant also did not touch heel to toe on any of the steps, lost her balance a couple of times.

**ONE LEG STAND:**

The defendant placed each leg directly behind her, not in front and then put her foot down numerous times during the course of the task. The defendant also used her arms for balance.

**FINGER TO NOSE:**

The defendant did not close both eyes when completing the task and did not follow the proper sequence of hands.

**ROMBERG ALPHABET:**

The defendant lost her balance a few times while completing this task.

**BREATH TEST RESULTS:**

1) .129	2) .127	3)	4)
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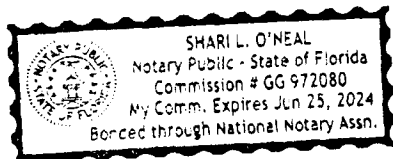
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of March 20 23 by

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

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



# TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. MASON #1212

SUBJECT: SADLER, COURTNEY F.

CASE NUMBER: 23-045225

DATE: 03-10-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:44 HRS

ENDING TIME: 22:57 HRS

BREATH TESTS RESULTS: 1) .129 TIME 22:50 A.M.  P.M.  2) .127 TIME 22:52 A.M.  P.M.

3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, SLURRED

ATTITUDE: COOPERATIVE, FIDGETY AT TIMES

CLOTHING: SHIRT- PALE LIGHT BLUE PANTS- BLUE JEANS

MEDICAL CONDITIONS: BI-POLAR DISORDER

MEDICATIONS: SEVERAL MEDICATIONS

## OTHER:

EYES: VERY RED, GLASSY, DAZED  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O MASON #1212

D HAD TO BE TOLD SEVERAL TIMES TO SIT DURING THE 20 MIN. OBSERVATION.  
A/O REQUESTED THE BREATH TEST.  
D SUBMITTED TO THE BREATH REQUEST.  
D COMPLETED THE TEST CORRECTLY.  
EXPLAINED THE BREATH RESULTS TO THE D.  
C/W READ ON CAMERA TO THE D.  
Q&A STARTED THEN STOPPED.



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 23-045225 PBSO ZONE 4-12

AGENCY CASE # 23-003432 CRASH CASE # 25495578

TIME OF STOP/CRASH 2104 DATE 03/10/23 DAY Friday

SUBJECT'S NAME Sadler Courtney Farrell RACE White SEX Female  
LAST FIRST MID

HGT 507 WGT 140 lbs DOB 05/06/1974

LOCATION 134 Via D'Este, Delray Beach FL 33445

ARRESTING OFFICER'S NAME & ID Off. Mason 1212 AGENCY DBPD

DIVISION: Patrol Chad

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 2215

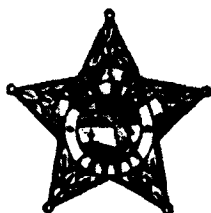
ARREST TIME 2135

**BREATH RESULTS:**

- 1) .129
- 2) .127
- 3)
- 4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 23-045225 PBSO ZONE 4-12

AGENCY CASE # 23-003432 CRASH CASE # 25495578

TIME OF STOP/CRASH 2104 DATE 03/10/2023 DAY Friday

SUBJECT'S NAME Courtney F. Sadler RACE White SEX Female

HGT 5-07 WGT 140 DOB 05/06/1974

LOCATION 134 Via D' Este, Delray Beach, FL

ARRESTING OFFICER'S NAME & ID Mason #1212 AGENCY Delray Beach PD

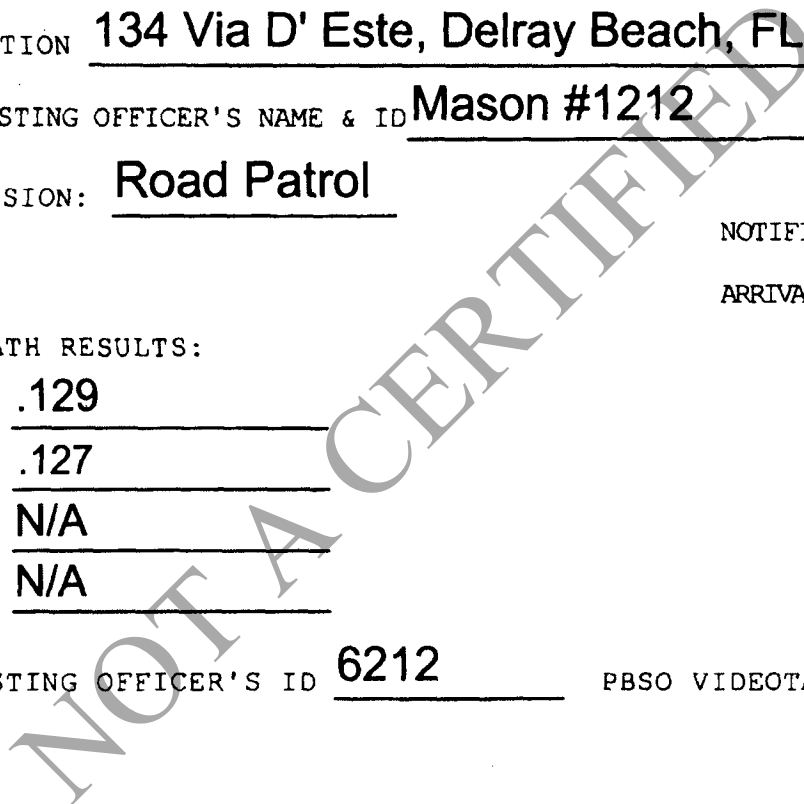
DIVISION: Road Patrol

NOTIFIED BY COMMO Yes  
ARRIVAL AT FACILITY 2215  
ARREST TIME 2135

BREATH RESULTS:

- 1) .129
- 2) .127
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # \_\_\_\_\_



# TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. MASON #1212

SUBJECT: SADLER, COURTNEY F.

CASE NUMBER: 23-045225

DATE: 03-10-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:44 HRS

ENDING TIME: 22:57 HRS

BREATH TESTS RESULTS: 1) .129 TIME 22:50 A.M.  P.M.  2) .127 TIME 22:52 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: LOW, SLURRED

ATTITUDE: COOPERATIVE, FIDGETY AT TIMES

CLOTHING: SHIRT- PALE LIGHT BLUE PANTS- BLUE JEANS

MEDICAL CONDITIONS: BI-POLAR DISORDER

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EYES: VERY RED, GLASSY, DAZED  
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A/O REQUESTED THE BREATH TEST.  
D SUBMITTED TO THE BREATH REQUEST.  
D COMPLETED THE TEST CORRECTLY.  
EXPLAINED THE BREATH RESULTS TO THE D.  
C/W READ ON CAMERA TO THE D.  
Q&A STARTED THEN STOPPED.

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: 80-006240 Software: 8100.27  
Date of Test: 03/10/2023

Date of Last Agency Inspection: 03/10/2023

Observation Period Began: 22:15

Subject's Name: COURTNEY F SADLER

DOB: 05/06/1974 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	22:48
	Air Blank	0.000	22:48
	Control Test	0.080	22:48
	Air Blank	0.000	22:49
	Subject Sample #1	0.129	22:50
	Air Blank	0.000	22:50
	Air Blank	0.000	22:52
	Subject Sample #2	0.127	22:52
	Air Blank	0.000	22:53
	Control Test	0.079	22:53
	Air Blank	0.000	22:54
	Diagnostics Check	OK	22:54

Cylinder Lot: 08622080A1  
Exp: 06/05/2024

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who ( ) is personally known to me or (  ) produced ID as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, 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-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: S. O'neal

Signature

Date: 03-10-23

Sworn to (or affirmed) before me this 10 day of March, 2023

Signature of Notary Public-State of Florida

Ofc. Mason #1212  
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  
Instrument Serial Number: 80-006240 Software: 8100.27  
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Results:	Test	g/210L	Time
	Diagnostics Check	OK	22:48
	Air Blank	0.000	22:48
	Control Test	0.080	22:48
	Air Blank	0.000	22:49
	Subject Sample #1	0.129	22:50
	Air Blank	0.000	22:50
	Air Blank	0.000	22:52
	Subject Sample #2	0.127	22:52
	Air Blank	0.000	22:53
	Control Test	0.079	22:53
	Air Blank	0.000	22:54
	Diagnostics Check	OK	22:54

Cylinder Lot: 08622080A1  
Exp: 06/05/2024

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who ( ) is personally known to me or (  ) produced ID as identification, and who after being placed under oath, states:

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Breath Test Operator: S. O'neal Date: 03-10-23  
Signature

Sworn to (or affirmed) before me this 10 day of March, 2023  
[Signature] Ofc. Mason #1212  
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.

SUBJECT: Sadler, Courtney CASE NUMBER: 23-003432

**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 and 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

SUBJECT: Sadler, Courtney CASE NUMBER: 23-003432

### 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? I don't know

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: Ofc. Chad Mason #1212

# WITNESS LIST

CASE NUMBER: 23-003432

ARRESTING OFFICER: Chad Mason

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33445

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: Arrest

NAME: Ofc. Jennifer Worell

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33445

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: Field Sobriety Tasks

NAME: Sergeant Jonathan Rusczyk

ADDRESS 300 W. Atlantic Ave, Delray Beach, FL 33445

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: Defendant driving her 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) \_\_\_\_\_

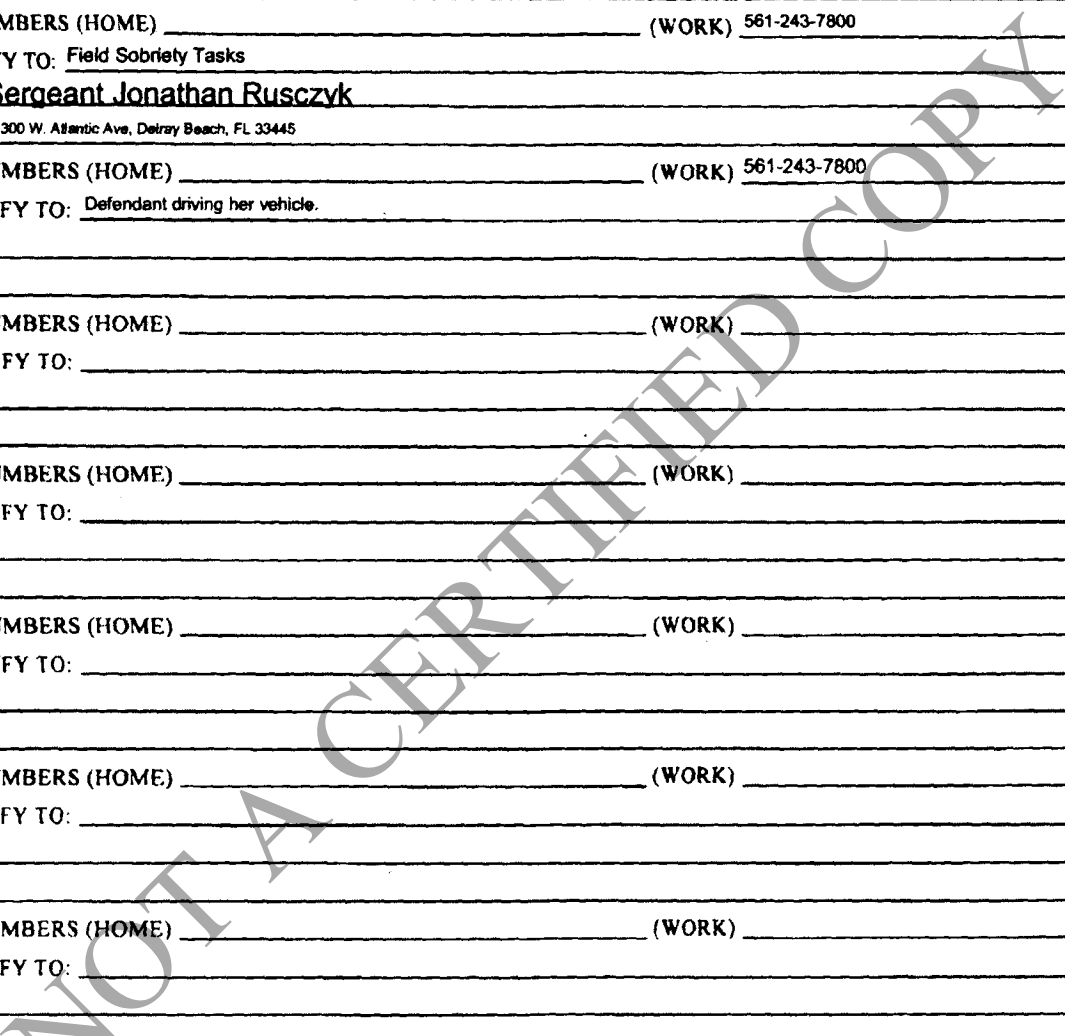
CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_





**PALM BEACH COUNTY SHERIFF'S OFFICE**

**Florida State Statute Exemption Sheet**

**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: 2023006618	Date:
	Specialist Name/ID: Pinkneya/7796