

0547259 24CT3153 1451

## ARREST / NOTICE TO APPEAR

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

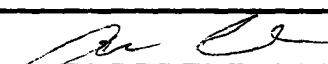
1

JUVENILE

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AD<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N     | OBTS Number<br><br>Agency ORI Number<br><b>0502300</b><br>Agency Name<br><b>North Palm Beach Police Department</b><br>Agency Report Number (N.T.A.'s only)<br><b>7 0 24-000102</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Charge Type:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other<br>If Weapon Seized<br>Enter Type <b>UNARMED</b><br>Multiple Clearance Indicator |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Location of Arrest (Including Name of Business)<br><b>299 LIGHTHOUSE DRUS HIGHWAY 1, NORTH PALM BEACH.</b><br>Location of Offense (Business Name, Address)<br><b>299 LIGHTHOUSE DRUS HIGHWAY 1, NORTH PALM BEACH.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Date of Arrest<br><b>02/21/2024</b><br>Time of Arrest<br><b>20:40</b><br>Booking Date<br><b>02/21/2024</b><br>Booking Time<br><b>20:50</b><br>Jail Date<br><br>Jail Time<br><br>Location of Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Name (Last, First, Middle)<br><b>LIGHTFRITZ, DEBORAH SUE</b><br>Alias:<br>Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Race<br>W - White<br>B - Black<br>O - Oriental/Asian<br><b>W</b><br>Sex<br><b>F</b><br>Date of Birth<br><b>01/16/1970</b><br>Height<br><b>5'04</b><br>Weight<br><b>125</b><br>Eye Color<br><b>BLUE</b><br>Hair Color<br><b>BLONDE /</b><br>Complexion<br><b>MEDIUM</b><br>Build<br><b>Medium</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                          |
| C<br>O<br>D<br>E<br>F                                              | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>Marital Status<br><b>S</b><br>Religion<br><b>CATHOLIC</b><br>Indication of:<br>Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>207 CASTLEWOOD DR A, NORTH PALM BEACH, FL 33408</b><br>Phone<br><b>(312) 512-6619</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Permanent Address (Street, Apt. Number) (City) (State) (Zip)<br><b>207 CASTLEWOOD DR A, NORTH PALM BEACH, FL 33408</b><br>Phone<br><b>(312) 512-6619</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Business Address (Name, Street) (City) (State) (Zip)<br>Phone<br>Occupation<br><b>Accounting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                          |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                               | D/L Number, State<br><b>L231177705160 / FL</b><br>Soc. Sec. Number<br><b>[REDACTED]</b><br>INS Number<br><br>Place of Birth (City, State)<br><b>CANTON, OH, United</b><br>Citizenship<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Co-Defendant Name (Last, First, Middle)<br><b>[REDACTED]</b><br>Race<br><br>Sex<br><br>Date of Birth<br><br>Indication of:<br>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"/>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Co-Defendant Name (Last, First, Middle)<br><b>[REDACTED]</b><br>Race<br><br>Sex<br><br>Date of Birth<br><br>Indication of:<br>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"/>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)<br><input type="checkbox"/> Legal Custodian<br>Address (Street, Apt. Number) (City) (State) (Zip)<br>Residence Phone<br>Business Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                          |
| C<br>H<br>A<br>R<br>G<br>E                                         | Notified by: (Name) _____ Date _____ Time _____<br>Released To: (Name) _____ Relationship _____ Date _____ Time _____<br>JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____<br>Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Description of Property<br>Value of Property                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Drug Activity<br>N. N/A<br>P. Possess<br>S. Sell<br>B. Buy<br>T. Traffic<br>R. Smuggle<br>D. Deliver<br>E. Use<br>K. Distribute<br>M. Manufacture/<br>Produce/<br>Cultivate<br>Z. Other<br>Drug Type<br>N. N/A<br>A. Amphetamine<br>B. Barbiturate<br>C. Cocaine<br>E. Heroin<br>H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.<br>F. Paraphernalia/<br>Equipment<br>S. Synthetic<br>U. Unknown<br>Z. Other                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Charge Description<br><b>DUI - NORMAL FACULTIES IMPAIRED</b><br>Statute Violation Number<br><b>316.193(1)(A)</b><br>Violation of ORD #<br><br>Drug Activity<br><b>N</b><br>Drug Type<br><b>/</b><br>Amount / Unit<br><b>/</b><br>Offense #<br><b>/</b><br>Counts<br><b>1</b><br>Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>Warrant / Capias Number<br><br>Bond                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                          |
| I<br>N<br>T<br>A<br>K<br>E                                         | Charge Description<br><br>Statute Violation Number<br><br>Violation of ORD #<br><br>Drug Activity<br><br>Drug Type<br><br>Amount / Unit<br><br>Offense #<br><br>Counts<br><br>Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>Warrant / Capias Number<br><br>Bond                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Charge Description<br><br>Statute Violation Number<br><br>Violation of ORD #<br><br>Drug Activity<br><br>Drug Type<br><br>Amount / Unit<br><br>Offense #<br><br>Counts<br><br>Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>Warrant / Capias Number<br><br>Bond                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | Health / Apparent Physical Condition of Defendant<br>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<br>Explain:<br>Check which apply: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By<br><input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health<br>Transported By<br>Date Transported<br>Time Transported<br>Other  |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.<br>Location (Court, Room)<br><b>North County PALM BEACH GARD</b><br>Court Date and Time<br><b>03/21/2024 08:30:00</b><br>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.<br>Signature of Defendant (or Juvenile and Parent/Custodian)<br>Date Signed |                                                                                                                                                                                                                                                                                                                                                                          |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | HOLD for Other Agency<br><input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other<br>LD # <b>7202</b> Pouch #<br>Signature of Arresting Officer<br><b>PRUDHOMME, D.</b> ID # <b>9889</b><br>Name of Arresting Officer (Print)<br><b>PRUDHOMME, D.</b> ID # <b>9889</b><br>Transporting Officer<br><b>PRUDHOMME</b> ID # <b>9889</b> Agency <b>NBPDP</b><br>Name Verification (Printed by Arrestee)<br>(PRINT)<br>PAGE<br><b>1 OF 1</b><br>Witness here if subject signed with an "X".                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    | COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> P.I.O. <input type="checkbox"/> DEFENDANT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                          |

FILED PRC - GUN CLUB-  
24 FEB 22 AM 6:28No  
Photo  
Available

A-0

| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     | PROBABLE CAUSE AFFIDAVIT       |                                                                                                                                        | 1 Arrest<br>2 N.T.A.    3 Request for Warrant<br>4. Request for Capias |          | 1             | JUVENILE          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------|---------------|-------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Agency ORI Number                                                                                                                                                                                                                                                                                   | Agency Name                    | Agency Report Number                                                                                                                   |                                                                        |          |               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>FL FL0502300</b>                                                                                                                                                                                                                                                                                 | <b>NORTH PALM BEACH POLICE</b> | <b>7 0 24-000102</b>                                                                                                                   |                                                                        |          |               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Charge Type: Check as many as apply.<br><input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |                                | Special Notes:                                                                                                                         |                                                                        |          |               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name (Last, First, Middle)                                                                                                                                                                                                                                                                          |                                | Alias                                                                                                                                  |                                                                        | Race     | Sex           | Date of Birth     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>LIGHTFRITZ, DEBORAH SUE</b>                                                                                                                                                                                                                                                                      |                                |                                                                                                                                        |                                                                        | <b>W</b> | <b>F</b>      | <b>01/16/1970</b> |
| C<br>H<br>A<br>R<br>G<br>E<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Charge Description                                                                                                                                                                                                                                                                                  |                                | Charge Description                                                                                                                     |                                                                        |          |               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>                                                                                                                                                                                                                                                |                                |                                                                                                                                        |                                                                        |          |               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Victim's Name (Last, First, Middle)                                                                                                                                                                                                                                                                 |                                | Race                                                                                                                                   |                                                                        | Sex      | Date of Birth |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                     |                                |                                                                                                                                        |                                                                        |          |               |                   |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                                 |                                | (City)                                                                                                                                 | (State)                                                                | (Zip)    | Phone         |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                     |                                |                                                                                                                                        |                                                                        |          |               |                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                     |                                |                                                                                                                                        |                                                                        |          |               |                   |
| <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> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.<br/> <input type="checkbox"/> confessed to _____<br/>           admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br/> <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>21</u> day of <u>February</u>, <u>2024</u> at <u>20:55</u> (Specifically include facts constituting cause for arrest.)</p> <p>On Wednesday 02/21/2024 at approximately 8:18pm, I was conducting traffic enforcement in the 800 block of US Highway 1, North Palm Beach, FL 33408, when I observed a 2023 white Audi four-door, FL tag PKBQ12, traveling southbound in the northbound lanes of US Highway 1. I immediately activated my emergency lights to warn other motorists while I attempted to catch up to the vehicle. While I was attempting to catch up to the vehicle, I observed numerous cars swerving to avoid a collision and blowing their horns. I caught up to the vehicle at US Highway 1 and Lighthouse Dr and the vehicle came to a stop in the middle of the intersection, still facing southbound in the northbound lanes.</p> <p>I made contact with the female driver and asked if she knew why I stopped her. She responded, "I have no idea." I explained that she was driving on the wrong side of the road and she stared at me with a blank look on her face. I requested her driver license, registration, and proof of insurance. She looked through her wallet for approximately 60 seconds, even though I observed her driver license plainly visible in the front of her wallet. She never attempted to locate the other documents I requested. The driver was identified by her Florida driver license as W/F Deborah Sue Lightfritz (07/29/68). While speaking with Lightfritz, I detected a strong odor of an unknown alcoholic beverage on her breath as she spoke. I also observed that her eyes were red and glassy and her speech was extremely slurred. I asked Lightfritz if she had consumed any alcohol and she stated, "one beer." I asked her the same question again approximately one minute later and she stated, "three drinks."</p> <p>Based on Lightfritz's driving pattern, obvious signs of impairment, and admission to consuming alcohol, I requested Police Officer Prud'Homme respond to conduct a driving under the influence investigation. I briefed Police Officer Prud'Homme on my observations and the subsequent investigation was turned over to him. Lightfritz was issued a traffic citation for driving on the wrong side of the road (Citation AHRXXZIE).</p> |                                                                                                                                                                                                                                                                                                     |                                |                                                                                                                                        |                                                                        |          |               |                   |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SWORN AND SUBSCRIBED BEFORE ME                                                                                                                                                                                                                                                                      |                                |                                                                                                                                        |                                                                        |          |               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <br><b>PRUD'HOMME, DANIEL</b><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)                                                                                                                        |                                | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER |                                                                        |          |               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>02/21/2024</u><br>DATE                                                                                                                                                                                                                                                                           |                                | <b>COUNCIL ANDREW (9794)</b><br>NAME OF OFFICER (PLEASE PRINT)                                                                         |                                                                        |          |               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                     |                                | <u>02/21/2024</u><br>DATE                                                                                                              |                                                                        |          |               |                   |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21st DAY OF Feb 20 24 AT 2018 AM ☒ PM   
SUBJECT: Lightfritz, Deborah, S CASE NUMBER: 24000102

AGENCY: NORTH PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: Prud'Homme 9889  
**PERSONAL CONTACT**

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

+PC for Stop: **Police Sergeant Council's traffic stop**  
+Manner of Stop: **Wrong Way Driver**  
+APC:  
+Witness Statements:  
+Wheel Witness:

## OBSERVATION OF DRIVER:

+Appearance of Vehicle:  
+Appearance of Driver: **heavy slur/slow speech**  
+Face/Eyes: **droopy lids, watery eyes, glassy**  
+Clothing Condition:  
+Exit Sequence:

## DRIVER'S STATEMENTS:

+In Car:  
+Roadsides:  
+BAT:  
+Taylor Warnings Read:  
+Implied Consent Read:

## ODORS:

**Strong odor of an unknown alcoholic beverage.**

## GENERAL OBSERVATIONS

SPEECH: **slow/heavy slur**

ATTITUDE: **slow/delayed reactions, cooperative**

CLOTHING:

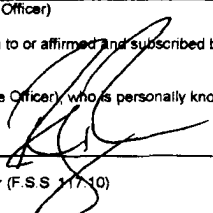
MEDICAL/OTHER:

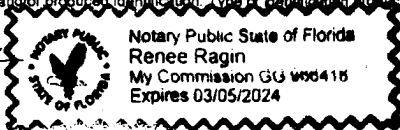
STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
Signature of Arresting/Investigative Officer)

he foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of Feb 20 24 by Prud'Homme

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

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



SUBJECT: Lightfritz, Deborah, S

CASE NUMBER 24000102

### 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:

Condition of Eyes: droopy lids, watery eyes, glassy

Observations: vertical gaze nystagmus present, swayed left to right, broke starting position 3x, turned head 4x

#### WALK & TURN:

- \*Lost Balance fell backwards and had to be caught
  - \*Started Before Instructed- twice
  - \*Missed Heel to Toe -
  - \*Stepped Off Line-
  - \*Used Arms for Balance-
  - \*Wrong Number of Steps-
  - \*Stopped While Performing Task -
  - \*Improper Turn -
- Other Observations: broke from correct starting position 4x, Swayed left to right, unable to perform task

#### ONE LEG STAND:

- \*Put Foot Down- no
  - \*Used Arms for Balance- yes
  - \*Swayed- Left to right during instruction stage
  - \*Hopped - no
- Other Observations: Performed the task for 5 secs and almost fell over; task stopped for her safety

#### ROMBERG ALPHABET:

A B C D E F G long pause then stated OMG! then L M G then stated I can't do this I'm done

#### FINGER TO NOSE:

- R1- hold finger on bridge of nose for 3 secs with eyes open
- L1- hold finger on bridge of nose for 3 secs with eyes open
- R2- hold finger on bridge of nose for 3 secs with eyes open
- L2- hold finger on bridge of nose for 3 secs with eyes open
- L3- hold finger on bridge of nose for 3 secs with eyes open; right hand
- R3- hold finger on bridge of nose for 3 secs with eyes open

BREATH TEST RESULTS: 1) refused 2) refused 3) 4)

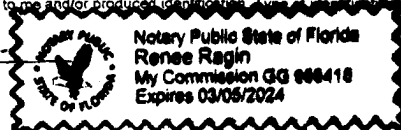
STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
Signature of Arresting/Investigative Officer)

he foregoing instrument was sworn to and affirmed and subscribed before me this 21 day of Feb, 2024 by Prud'Homme

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced: Personally Known

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



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

I, Prud'Homme, a duly certified Law Enforcement Officer or Correctional Officer,  
 (Name of Officer reading Implied Consent Warning)

am a member of North Palm Beach Police Department, and I do swear  
 (Name of law enforcement agency)

or affirm that on or about the 21 day of Sept, 20 24, at 20:40 ☒ P.M. ☐ A.M.

DRIVER Deborah S Lightfritz  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L231177705160, state of FL, was placed under lawful arrest for  
 the offense of DUI- NORMAL FACULTIES IMPAIRED by Prud'Homme and  
 issued Citation # AHRXZJE  
 (Name of Arresting Officer)

That on or about the 21 day of Feb, 20 24, at 2300 ☒ 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 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 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 CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege 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 of Law Enforcement Officer or  
 Correctional Officer

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



(AFFIX SEAL)

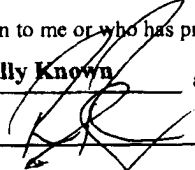
The foregoing instrument was sworn and subscribed before

me this 21 day of Feb, 20 24,

by Prud'Homme,

who is personally known to me or who has produced

Personally Known as identification

Notary Public 

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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

I, Prud'Homme, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of North Palm Beach Police Department, and I do swear  
(Name of law enforcement agency)

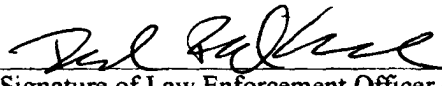
or affirm that on or about the 21 day of Sept, 20 24, at 20:40 ☒ P.M. ☐ A.M.

DRIVER Deborah S Lightfritz  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L231177705160, state of FL, was placed under lawful arrest for  
the offense of DUI- NORMAL FACULTIES IMPAIRED by Prud'Homme and  
issued Citation # AHRXZJE  
(Name of Arresting Officer)

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in PALM BEACH County.

I requested that the driver submit to a ~~X~~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 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 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 CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege 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 of Law Enforcement Officer or  
Correctional Officer

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

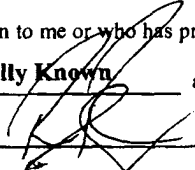


(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 21 day of Feb, 20 24,  
by Prud'Homme

who is personally known to me or who has produced

Personally Known as identification

Notary Public 

HSMV-BAR1001 (REV. 10/2016)

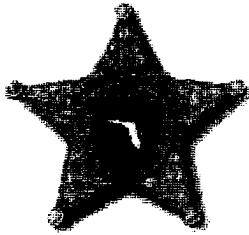
The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

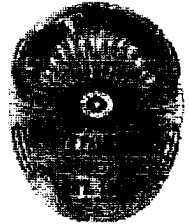
Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



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



PBSO CASE # 24-036697 PBSO ZONE 3-13

AGENCY CASE # 24000102 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2018 DATE 02/21/2024 DAY Wed

SUBJECT'S NAME Lightfritz Deborah S RACE W SEX F  
LAST FIRST MID

HGT 5'3 WGT 125 DOB 01/16/70

LOCATION Lighthouse Dr/US Hwy 1 NPB FL 33408

ARRESTING OFFICER'S NAME & ID Prud'Homme 9889 AGENCY NPBPD

DIVISION: Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2137

ARREST TIME 20:40

BREATH RESULTS:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**REFUSED**

BREATH TEST OPERATOR: 16877

# TESTING FACILITY TASK REPORT

AGENCY: NPB

SUBJECT: Lightfritz, Deborah S.

CASE NUMBER: 24-036697

DATE: Feb 21, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:59

ENDING TIME: 22:03

BREATH TESTS RESULTS: 1) Refused TIME 22:01 A.M. ☐ P.M. ☒ 2) N/A TIME ☐ A.M. ☐ P.M. ☐  
3) N/A TIME ☐ A.M. ☐ P.M. ☐ 4) N/A TIME ☐ A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative, slow

CLOTHING: Black pants, black sweater, gray sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

### OTHER:

Eyes are glassy

REFUSED

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 21:37 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated she understood I/C.

Subject refused to take test.

A/O read rights.

Subject stated she understood rights.

A/O conducted Q&A.

Subject answered a few Q&A.

REFUSED

SUBJECT: ALBERTA, JAMES 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: \_\_\_\_\_

**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) [Signature]

WHITE: STATE ATTY.

**YELLOW: DHSMV**

**PINK: CENTRAL RECORDS**

**GOLD: JAIL**

# DUI WITNESS LIST

24000102



Arresting Officer: Prud'Homme 9889 Email: dprudhomme@village-npb.org

Agency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-848-2525

Can Testify To: Events of the case

Backup Officer(s): Police Sergeant Council

Agency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-848-2525

Can Testify To: PC for stop

Breathalyzer Technician: Ragin ID# 16877 Agency: PBSO

DRE: \_\_\_\_\_ Agency Case #: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☒ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness



# 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"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
| Other                                          | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |

REVIEW COMPLETED BY

|                            |                                        |
|----------------------------|----------------------------------------|
| Booking Number: 2024004829 | Date: 2/22/2024                        |
|                            | Specialist Name/ID#: C. Daniels/ 30347 |