

24CF 3665AMB

#

0548906

#25

ARREST / NOTICE TO APPEAR

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

JUVENILE

1

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 24-001718	
Charge Type Check as many as apply: ☒ 1 Felony ☐ 2 Traffic Felony	☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor		☐ 5 Ordinance ☐ 6 Other		If Weapon Seized Enter Type: UNARMED	
Location of Arrest (Including Name of Business) 499 W INDIANTOWN RD/MILITARY TRL, JUPITER, FL 33458			Location of Offense (Business Name, Address) 499 W INDIANTOWN RD/MILITARY TRL, JUPITER, FL 33458			
Date of Arrest 04/28/2024	Time of Arrest 01:33	Booking Date 04/28/2024	Booking Time 01:43	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) BURNS, DENA			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex F	Date of Birth 03/18/1972	Height 5'06	Weight 150	Eye Color BLUE	Hair Color BLONDE /
Complexion FAIR			Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S		Religion OTHER	
Local Address (Street, Apt. Number) 151 GREENWICH CIR, JUPITER, FL 33458			Phone (802) 779-3990		Indication of Alcohol Influence Yes ☒ No ☐ Unk ☐	
Permanent Address (Street, Apt. Number) 151 GREENWICH CIR, JUPITER, FL 33458			Phone (802) 779-3990		Residence Type 1 City 3 Florida 2 County 4 Out of State 1	
Business Address (Name, Street) 151 GREENWICH CIR, JUPITER, FL 33458			Phone (802) 779-3990		Address Source	
D/L Number, State B652160725980 / FL			Soc. Sec. Number [REDACTED]		INS Number	
Place of Birth (City, State) DOVER, NJ, United			Citizenship US			
Co-Defendant Name (Last, First, Middle) [REDACTED]			Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle) [REDACTED]			Race	Sex	Date of Birth	
☐ Parent ☐ Other ☐ Legal Custodian			Name (Last, First, Middle)			Residence Phone
Address (Street, Apt. Number) [REDACTED]			(City) (State) (Zip)			Business Phone
Notified by (Name)			Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 3 Incarcerated	
Released To (Name)			Relationship	Date	Time	
The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended			Grade
☐ Yes, by: ☐ No			Property Crime? ☐ Yes ☒ No			Description of Property
Drug Activity N N/A P Possess			S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate
Drug Type N N/A A Amphetamine			B Barbiturate C Cocaine E Heroin	H Hallucinogen M Marijuana O Opium/Deriv	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL MARIJUANA) Morphine			Statute Violation Number 893.13(6)(A)			Violation of ORD # 5000
Drug Activity N			Drug Type N	Amount / Unit /	Offense # 1	Bond 5000
Charge Description DUI - BREATH .08 OR ABOVE			Statute Violation Number 316.193(1)(C)			Violation of ORD # 250
Drug Activity N			Drug Type N	Amount / Unit /	Offense # 1	Bond 250
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity			Drug Type	Amount / Unit	Offense #	Bond
Health / Apparent Physical Condition of Defendant			Any knowledge of the following ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries			
Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health			PROPERTY - Received By FILED PBC - GUN CLUB			
Transported By			Date Transported 4/28/24	Time Transported 1:43	Other FILED PBC - GUN CLUB	
☐ INSTRUCTION NO. 1 - Mandatory appearance in court ☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) 24 APR 29 AM 8:08			
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.			Court Date and Time APR 28 AM 8:08			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
HOLD for Other Agency			Signature of Arresting Officer NEWMAN, KOURTNEY ST JOHN			
☐ Dangerous ☐ Suicidal			Name of Arresting Officer (Print) NEWMAN, KOURTNEY ST JOHN			
☐ Resisted Arrest ☐ Other			ID # 1258			
Intake Deputy Hink 6760			Transporting Officer NEWMAN			
ID # 1258			Agency JUPITE			
Pouch #			Witness here if subject signed with an "X"			

SCANNED

APR 29 2024

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number	Agency Name	Agency Report Number					
	FL 0501700	JUPITER POLICE DEPARTMENT	5 4 24-001718					
	Charge Type: ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other		Special Notes					
	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth	
	BURNS, DENA				W	F	03/18/1972	
C H A R G E S	Charge Description		Charge Description					
	316.193(1)(C) DUI - BREATH .08 OR ABOVE		893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP					
V I C T I M	Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth		
	State Of Florida							
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law The Person taken into custody ☒ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>28</u> day of <u>April</u>, <u>2024</u> at <u>01:33</u> (Specifically include facts constituting cause for arrest.)								
P R O B A B L E C A U S E	On 04/28/2024 at approximately 0108 hours, I was driving East on West Indiantown Road and approaching Military Trail. I observed a Black Ford bearing FL tag 92DSCC stopped in the middle of the intersection. The vehicle was facing North and blocking the two of the three Eastbound lanes on West Indiantown Rd.							
	I pulled my marked patrol vehicle behind the Ford and activated my emergency lights. I approached the window of the vehicle and knocked on it. I introduced myself to the driver, later identified as Dena Burns (W/F 03/18/72), as a Jupiter Police officer and asked her for her Driver's license and registration. As she looked for it her movements were slow and lethargic. I asked her if she knew why we had her stopped and she responded by saying she was stopped at a red light. After prompting she then commented that she was a little bit far out. While speaking with Burns, her speech was slow and slightly slurred. I had officer Brown stand by with her while I went back to my car to conduct a records check.							
	I returned back to Burn's vehicle and asked her to step out so we could talk to her in an area that was safer, as her vehicle was still stopped in the intersection. As she walked back towards our patrol vehicles, she was unsteady on her feet and stumbled as she walked. I asked Burns if she was on any medications. She told me she took heart medications as well as anti-anxiety medications and a few others, but could not recall all of them. I told her I was concerned about her ability to be driving due to her lack of stability when walking along with where she had stopped her vehicle. She again told me that she had only stopped due to the light being red. I asked her if she had anything to drink tonight to which she told me she had not. She told me she had been dropping her friend off and now she was on her way home. I asked her where they had been coming from and she told me she did not know his address. I clarified and asked her where her and her friend had been before she dropped him off and she responded "home." I asked her he had been							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <i>Thomasina Miller</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER 04/28/2024 DATE THOMASINA MILLER Notary Public - State of Florida Commission # HH 339641 My Comm. Expires Dec 7, 2026 Bonded through National Notary Association <i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NEWMAN, KOURTNEY ST JOHN (1258) NAME OF OFFICER (PLEASE PRINT) 04/28/2024 DATE							
	PAGE 1 OF 4							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 24-001718				
	Charge Type: Check as many as apply ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other				Special Notes				
Name (Last, First, Middle) BURNS, DENA		Alias			Race W	Sex F	Date of Birth 03/18/1972		
at her house and she said "yes" and then said no, he wasn't at her house and they had gone to restaurant. Based on the aforementioned events, I requested Burns submit to Standardized Field Sobriety Tasks, to which she agreed to participate. I first began with the Horizontal Gaze Nystagmus task. I instructed Burns to stand with his feet touching (heel & toes) and to keep her arms down at her side. I demonstrated to Burns that she would be following my stimulus (red light) with her eyes and her eyes only and to keep her head still at all times. Burns stated she understood the instructions and was ready for me to continue. Burns eyes had no resting nystagmus in either eye and both eyes tracked together equally. I observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees in both eyes. She did not have vertical Nystagmus in both eyes. Multiple times throughout this task Burns stopped following the stimulus with her eyes. The second task was the Walk & Turn task. I demonstrated and instructed Burns to stand on the bright white road line on the level surface and to place her left foot onto the line and her right foot touching her left foot heel to toe with her arms at his side. Burns had difficulty getting into the starting position and was unable to maintain it. She attempted to begin the task and started walking before I had given her any instructions. I instructed/demonstrated Burns to take nine heel-to-toe steps down the line and take a series of small steps then return down the line heel-to-toe taking nine steps while making sure to count out loud, look at her feet at all times, do not use her arms for balance, and do not stop walking. She stated she did not have any questions and understood the directions and was told to begin when ready. Burns stepped off the line on step #3 and 6. She returned down the line missing heel-to-toe on almost every step back and stepped off the line on steps #4, 6 and 8. The third task was the One Leg Stand. I instructed Burns to stand with her feet touching (heel & toes) and to keep her arms down at her side. I instructed/demonstrated to Burns that she would be raising the leg of her choice approximately 6 inches off the ground while keep her foot parallel to the ground and counting out loud until I told her to stop. After demonstrating she stated she understood. Burns began the task and a few seconds into it, put her foot down and asked how long she had to do it for. I told her until I instructed her to stop. She continued the task and put her foot down twice until I told her to stop. The fourth task was the Finger to Nose. I instructed Burns to stand with her feet touching (heel & toes) and to keep her arms down at her side with her pointer fingers pointed outward. I instructed/demonstrated Burns that I would be calling left (L) or right(R), when I do, with her head tilted back and eyes closed, she would take the tip									
SWORN AND SUBSCRIBED BEFORE ME <i>Thomasina Mills</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/28/2024 DATE <i>[Signature]</i> THOMASINA MILLS, Notary Public - State of Florida Commission # 111334, My Comm. Expires Dec 7, 2024 NEWMAN, COURTNEY ST JOHN (1258) NAME OF OFFICER (PLEASE PRINT) 04/28/2024 DATE									

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 24-001718				
	Charge Type Check as many as apply ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other			Special Notes			
	Name (Last, First, Middle) BURNS, DENA			Race W	Sex F	Date of Birth 03/18/1972	
of the finger I called and touch it to the tip of her nose and was shown the difference between the tip/pad/nail. She stated she understood and did not have any questions. I called out the fingers in the standardized order of L, R, L, R, R, and L. I called "L" and Nesbit placed the pad of her finger to the bridge of her nose. For the remaining R, L, R, R, L, Burns placed the pad of her finger onto the center of her nose and almost raised the wrong finger once before correcting herself. Additionally she did not tilt her head back as she had been instructed to do so. The fifth and final task was the Romberg Alphabet. I instructed Burns to stand with her feet together heel and toes touching and her arms down at his side. Burns had difficulty placing her feet together. I advised Burns to recite the Alphabet in a non-rhythmical manner, which means without singing out rhyming while tilting his head back and keeping her eyes closed. Burns recited the Alphabet in a quick uneven manner. Based on my investigation, observations, and totality of circumstances, I had probable cause to believe that Dena Burns was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the point where his normal faculties were impaired, contrary to F.S 316.193. She was placed into handcuffs that were properly spaced and double-locked per department policy and placed into the rear of my patrol car at 0133 hours. I then transported Burns to the Palm Beach County Breath Alcohol Testing center, arriving at 0217 hours. I placed Burns under a 20 minute observation period, during which she neither consumed nor regurgitated anything. We then went on video with BAT technician Miller #41017. I requested Burns submit to a lawful test of her breath to determine the alcohol content, to which she agreed. She subsequently provided two breath samples of 0.111 & 0.103. After giving her breath samples Burns was read Miranda rights to which she stated she understood. She was then asked a series of routine questions regarding the events of the night in which she stated she had consumed approximately two and a half glasses of wine. I placed Burns in holding while all necessary paperwork was completed and subsequently booked her into the Palm Beach County Jail. She was given a criminal court date of 05/29/2024, 0830 hours. While searching Burns' purse incident to arrest, a small black bottle was found in the center zip pocket. The bottle contained a multitude of pills including the following: 64 small round red pills with an imprint of "30" on one side and "M" on the other 68 small round yellow pills with an imprint of "271" on one side and a crescent shape on the other. 2 small round pink pills with an imprint of "30" on one side and "ML" on the other All three of the pill types were identified through drugs.com as Morphine Sulfate Extended-Release, a schedule 2 drug.							
SWORN AND SUBSCRIBED BEFORE ME <i>Thomas Miller</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 111.10) 10/27/2024 04/28/2024 DATE THOMAS MILLER Notary Public - State of Florida Commission # HH 3196 2026 My Comm. Exp. 12/31/2026 Bonded through National Notary <i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NEWMAN, COURTNEY ST JOHN (1258) NAME OF OFFICER (PLEASE PRINT) 04/28/2024 DATE							
						PAGE 3 OF 4	

COURT

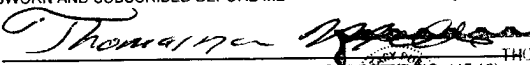
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 24-001718		
	Charge Type: ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other		Special Notes				
Name (Last, First, Middle) BURNS, DENA					Alias	Race W	Sex F
					Date of Birth 03/18/1972		
Burns made the following post Miranda statements: The small round red pills and the small round yellow pills in the black bottle are ibuprofen. She does not have a prescription for them. Her father gave them to her before he died sometime last year. The pills had been prescribed to her father. The last time she took them was a few weeks ago. Based on the morphine pills being found in Burns bag and Burns post Miranda statements, I find probable cause exists to arrest Burns for possession of a controlled substance without a prescription, because she was knowingly in actual or constructive possession of a substance classified within Schedule II, Florida Statute 893.03(2), Morphine Sulfate Extended-Release, a controlled substance, contrary to Florida Statute 893.13(6) (a) . The above incident was captured on BWC. This narrative is a summary of the events and not purported to be verbatim.							
NOT A CERTIFIED COPY							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 			PAGE 4 OF 4
	DATE 04/28/2024			NAME OF OFFICER (PLEASE PRINT) NEWMAN, KOURTNEY ST JOHN (1258) DATE 04/28/2024			

COURT

STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P. I. O.



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

PBSO CASE # 24-057201 PBSO ZONE 3-14

AGENCY CASE # 24-001718 CRASH CASE # _____

TIME OF STOP/CRASH 0108 DATE 04/28/2024 DAY Sunday

SUBJECT'S NAME Burns Dena
LAST FIRST MID

DOB 03/18/1972 HGT 5-06 WGT 145 RACE W SEX F

LOCATION W Indiantown Rd/Military Trl Jupiter, FL 33458

ARRESTING OFFICER'S NAME & ID Newman 1258 Jupiter
AGENCY

NOTIFIED BY COMMO Yes

BREATH RESULTS:

ARRIVAL AT FACILITY 0217

1) 0.111

ARREST TIME 0133

2) 0.103

3) N/A

4) N/A

Thomasina Miller #41017

BAT TECH. OFFICER NAME & ID

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: BURNS, DENA

CASE NUMBER: 24-057201

DATE: Apr 28, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:49

ENDING TIME: 03:11

BREATH TESTS RESULTS: 1) .111 TIME 02:55 A.M. ☒ P.M. ☐ 2) .103 TIME 02:59 A.M. ☒ P.M. ☐
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW

ATTITUDE: CALM

CLOTHING: GRAY LONG SLEEVE SHIRT, BLACK TIGHTS, BROWN SANDALS

MEDICAL CONDITIONS: HEART DEFIBRILLATOR, DEPRESSION

MEDICATIONS: GABAPENTIN, PROPRANOLOL, LORAZEPAM

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:17 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.

SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.

SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.

SUBJECT: ANSWERED QUESTIONS.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 04/28/2024

Date of Last Agency Inspection: 04/19/2024

Observation Period Began: 02:17

Subject's Name: DENA BURNS

DOB: 03/18/1972 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:52
	Air Blank	0.000	02:52
	Control Test	0.081	02:53
	Air Blank	0.000	02:53
	Subject Sample #1	0.111	02:55
	Air Blank	0.000	02:56
	Air Blank	0.000	02:58
	Subject Sample #2	0.103	02:59
	Air Blank	0.000	03:00
	Control Test	0.080	03:00
	Air Blank	0.000	03:01
	Diagnostics Check	OK	03:01

Cylinder Lot: 06723080A5
Exp: 04/05/2025

State of Florida, County of Palm Beach

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

I, THOMASINA E. MILLER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Thomasina Miller Date: 04/28/2024
Signature

Sworn to (or affirmed) before me this 28 day of April, 2024

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: _____

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) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	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)	
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024011417	Date: 4/29/2024
	Specialist Name/ID#: J. Gaines/ 44177