

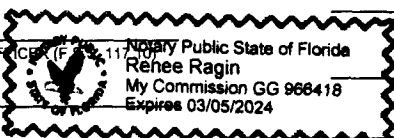
## ARREST / NOTICE TO APPEAR

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><b>0501700</b>                                                                                                                                                                                                                                                                                                 | Agency Name<br><b>Jupiter Police Department</b> | Agency Report Number (N.T.A.'s only)<br><b>5 4 23-002069</b>                                                                                                                                                                                              |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                                                 | If Weapon Seized<br>Enter Type <b>UNARMED</b>                                                                                                                                                                                                             |
|                                                                    | Location of Arrest (Including Name of Business)<br><b>1150 W INDIANTOWN RD, JUPITER FL 33458</b>                                                                                                                                                                                                                              |                                                 | Location of Offense (Business Name, Address)<br><b>1150 W INDIANTOWN RD, JUPITER, FL 33458</b>                                                                                                                                                            |
|                                                                    | Date of Arrest<br><b>05/19/2023</b>                                                                                                                                                                                                                                                                                           | Time of Arrest<br><b>18:27</b>                  | Booking Date<br><b>05/19/2023</b>                                                                                                                                                                                                                         |
|                                                                    | Booking Time<br><b>18:27</b>                                                                                                                                                                                                                                                                                                  | Jail Date<br><b>05/19/2023</b>                  | Jail Time<br><b>18:27</b>                                                                                                                                                                                                                                 |
| C<br>O<br>D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                | Name (Last, First, Middle)<br><b>SOUTHARD, EDWARD JAMES</b>                                                                                                                                                                                                                                                                   |                                                 |                                                                                                                                                                                                                                                           |
|                                                                    | Alias:<br>Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                                |                                                 |                                                                                                                                                                                                                                                           |
|                                                                    | Race<br>W - White<br>B - Black<br>O - Oriental/Asian<br><b>W</b>                                                                                                                                                                                                                                                              | Sex<br><b>M</b>                                 | Date of Birth<br><b>07/30/1976</b>                                                                                                                                                                                                                        |
|                                                                    | Height<br><b>6'00</b>                                                                                                                                                                                                                                                                                                         | Weight<br><b>260</b>                            | Eye Color<br><b>BLUE</b>                                                                                                                                                                                                                                  |
|                                                                    | Hair Color<br><b>BLONDE /</b>                                                                                                                                                                                                                                                                                                 | Complexion<br><b>LIGHT</b>                      | Build<br><b>Large</b>                                                                                                                                                                                                                                     |
|                                                                    | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                                 |                                                 | Marital Status<br><b>S</b>                                                                                                                                                                                                                                |
|                                                                    | Religion                                                                                                                                                                                                                                                                                                                      |                                                 | Indication of:<br>Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |
|                                                                    | Local Address (Street, Apt. Number)<br><b>2500 VIA ROYALE 2501, JUPITER, FL 33458</b>                                                                                                                                                                                                                                         |                                                 | Phone<br><b>(917) 974-7241</b>                                                                                                                                                                                                                            |
|                                                                    | Permanent Address (Street, Apt. Number)<br><b>2500 VIA ROYALE 2501, JUPITER, FL 33458</b>                                                                                                                                                                                                                                     |                                                 | Phone<br><b>(917) 974-7241</b>                                                                                                                                                                                                                            |
|                                                                    | Business Address (Name, Street)<br><b>2500 VIA ROYALE 2501, JUPITER, FL 33458</b>                                                                                                                                                                                                                                             |                                                 | Phone<br><b>(917) 974-7241</b>                                                                                                                                                                                                                            |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                               | D/L Number, State<br><b>S363230762700 / FL</b>                                                                                                                                                                                                                                                                                |                                                 | Citizenship<br><b>US</b>                                                                                                                                                                                                                                  |
|                                                                    | Co-Defendant Name (Last, First, Middle)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                  |                                                 | Race<br><b>[REDACTED]</b>                                                                                                                                                                                                                                 |
|                                                                    | Co-Defendant Name (Last, First, Middle)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                  |                                                 | Race<br><b>[REDACTED]</b>                                                                                                                                                                                                                                 |
|                                                                    | Parent <input type="checkbox"/> Other: <input type="checkbox"/><br>Legal Custodian <input type="checkbox"/>                                                                                                                                                                                                                   |                                                 | Name (Last, First, Middle)<br><b>[REDACTED]</b>                                                                                                                                                                                                           |
|                                                                    | Address (Street, Apt. Number)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                            |                                                 | Address (Street, Apt. Number)<br><b>[REDACTED]</b>                                                                                                                                                                                                        |
|                                                                    | Notified by: (Name)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                      |                                                 | Date<br><b>[REDACTED]</b>                                                                                                                                                                                                                                 |
|                                                                    | Released To: (Name)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                      |                                                 | Relationship<br><b>[REDACTED]</b>                                                                                                                                                                                                                         |
|                                                                    | 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<br>(Phone 355-2526) informed of any change of address.                                                                |                                                 | School Attended<br><b>[REDACTED]</b>                                                                                                                                                                                                                      |
|                                                                    | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                           |                                                 | Description of Property<br><b>[REDACTED]</b>                                                                                                                                                                                                              |
|                                                                    | Value of Property<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                        |                                                 | Grade<br><b>[REDACTED]</b>                                                                                                                                                                                                                                |
| C<br>H<br>A<br>R<br>G<br>E                                         | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                         |                                                 | S. Sell<br>B. Buy<br>T. Traffic                                                                                                                                                                                                                           |
|                                                                    | R. Smuggle<br>D. Deliver<br>E. Use                                                                                                                                                                                                                                                                                            |                                                 | K. Disperse/<br>Distribute                                                                                                                                                                                                                                |
|                                                                    | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                                                                                                                                                      |                                                 | Z. Other                                                                                                                                                                                                                                                  |
|                                                                    | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                                                                                                                         |                                                 | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                                                                 |
|                                                                    | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                                                                                                                                                                                                                                                                            |                                                 | P. Paraphernalia/<br>Equipment<br>S. Synthetic                                                                                                                                                                                                            |
|                                                                    | U. Unknown<br>Z. Other                                                                                                                                                                                                                                                                                                        |                                                 |                                                                                                                                                                                                                                                           |
|                                                                    | Charge Description<br><b>DUI - CAUSING PROPERTY DAMAGE/PERSONAL INJURY</b>                                                                                                                                                                                                                                                    |                                                 | Statute Violation Number<br><b>316.193(3)(C)1</b>                                                                                                                                                                                                         |
|                                                                    | Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                     |                                                 | Drug Type<br><b>N</b>                                                                                                                                                                                                                                     |
|                                                                    | Amount / Unit<br><b>1</b>                                                                                                                                                                                                                                                                                                     |                                                 | Offense #<br><b>1</b>                                                                                                                                                                                                                                     |
|                                                                    | Counts<br><b>1</b>                                                                                                                                                                                                                                                                                                            |                                                 | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                     |
| Warrant / Capias Number<br><b>[REDACTED]</b>                       |                                                                                                                                                                                                                                                                                                                               | Bond<br><b>CR</b>                               |                                                                                                                                                                                                                                                           |
| I<br>N<br>T<br>A<br>K<br>E                                         | Charge Description<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                       |                                                 | Statute Violation Number<br><b>[REDACTED]</b>                                                                                                                                                                                                             |
|                                                                    | Drug Activity<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                            |                                                 | Drug Type<br><b>[REDACTED]</b>                                                                                                                                                                                                                            |
|                                                                    | Amount / Unit<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                            |                                                 | Offense #<br><b>[REDACTED]</b>                                                                                                                                                                                                                            |
|                                                                    | Counts<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                   |                                                 | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                     |
|                                                                    | Warrant / Capias Number<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                  |                                                 | Bond<br><b>[REDACTED]</b>                                                                                                                                                                                                                                 |
|                                                                    | Charge Description<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                       |                                                 | Statute Violation Number<br><b>[REDACTED]</b>                                                                                                                                                                                                             |
|                                                                    | Drug Activity<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                            |                                                 | Drug Type<br><b>[REDACTED]</b>                                                                                                                                                                                                                            |
|                                                                    | Amount / Unit<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                            |                                                 | Offense #<br><b>[REDACTED]</b>                                                                                                                                                                                                                            |
|                                                                    | Counts<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                   |                                                 | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                     |
|                                                                    | Warrant / Capias Number<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                  |                                                 | Bond<br><b>[REDACTED]</b>                                                                                                                                                                                                                                 |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | Health / Apparent Physical Condition of Defendant<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                        |                                                 | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries                                        |
|                                                                    | Check which applies:<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond<br><input type="checkbox"/> South County Mental Health                                                          |                                                 | PROPERTY - Received By<br><b>[REDACTED]</b>                                                                                                                                                                                                               |
|                                                                    | Transported By<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                           |                                                 | Date Transported<br><b>[REDACTED]</b>                                                                                                                                                                                                                     |
|                                                                    | Time Transported<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                         |                                                 | Other<br><b>[REDACTED]</b>                                                                                                                                                                                                                                |
|                                                                    | 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.                                                                                                                                                |                                                 | Location (Court, Room)<br><b>North County PALM BEACH GARD</b>                                                                                                                                                                                             |
|                                                                    | 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 WITHHOLD OR FAIL TO APPEAR FOR 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<br><b>06/21/2023 08:30:00</b>                                                                                                                                                                                                         |
|                                                                    | Signature of Defendant (or Juvenile and Parent/Custodian)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                |                                                 | Date Signed<br><b>[REDACTED]</b>                                                                                                                                                                                                                          |
|                                                                    | HOLD for Other Agency<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                    |                                                 | Name Verification (Printed by Arrestee)<br><b>[REDACTED]</b>                                                                                                                                                                                              |
|                                                                    | Intake Deputy<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                            |                                                 | Witness here if subject signed with an "X".<br><b>[REDACTED]</b>                                                                                                                                                                                          |

FILED PBC - GUN CLUB  
23 MAY 20 AM 8:13No  
Photo  
AvailablePAGE  
1 OF 1

| OBTS Number                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PROBABLE CAUSE AFFIDAVIT |                                                                                                                                                                                     | 1. Arrest<br>2. N.T.A. |                                                                                    | 3. Request for Warrant<br>4. Request for Capias |                                    | 1 | JUVENILE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|---|----------|
| ADMINISTRATIVE                                                                                                                                                                                                    | Agency ORI Number<br><b>FL 0501700</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b>                                                                                                                                     |                        | Agency Report Number<br><b>5   4   23-002069</b>                                   |                                                 |                                    |   |          |
|                                                                                                                                                                                                                   | Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | <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 |                        | Special Notes:                                                                     |                                                 |                                    |   |          |
| DEFENDANT                                                                                                                                                                                                         | Name (Last, First, Middle)<br><b>SOUTHARD, EDWARD JAMES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                     |                        | Race<br><b>W</b>                                                                   | Sex<br><b>M</b>                                 | Date of Birth<br><b>07/30/1976</b> |   |          |
|                                                                                                                                                                                                                   | Charge Description<br><b>316.193(3)(C)1 DUI - CAUSING PROPERTY DAMAGE/PERSONAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                     |                        | Charge Description                                                                 |                                                 |                                    |   |          |
| VICTIM                                                                                                                                                                                                            | Victim's Name (Last, First, Middle)<br><b>DOLMAN, SHERRILYN W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                     |                        | Race<br><b>W</b>                                                                   | Sex<br><b>F</b>                                 | Date of Birth<br><b>11/28/1957</b> |   |          |
|                                                                                                                                                                                                                   | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>101 COVENTRY PL, PALM BEACH GARDENS, FL 33418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                     |                        | Phone                                                                              |                                                 | Address Source                     |   |          |
| BUSINESS                                                                                                                                                                                                          | Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                     |                        | Phone                                                                              |                                                 | Occupation                         |   |          |
|                                                                                                                                                                                                                   | <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>19</b> day of <b>May</b>, <b>2023</b> at <b>21:12</b> (Specifically include facts constituting cause for arrest.)</p> <p>On Friday May 19th, 2023 at approximately 1725 hours, I responded to the Brass Ring parking lot (1150 W Indiantown Road) in reference to a crash that had just occurred. Prior to my arrival, the caller, Sherrilyn Dolman (W/F 11/28/1957), told dispatchers that the male who struck her red Cadillac (bearing FL Tag# CQ9677), was begging her to just exchange information and not call the police. Dolman stated that the male smelt like alcohol and became aggressive with her when he saw her on the phone with police dispatch.</p> <p>Upon arrival, I made contact with officers who were already on-scene who advised that the male leaning on the gray Ram truck (bearing FL Tag# LXJP92), had backed into a light pole in the parking lot causing it fall onto Dolmans parked vehicle. I spoke with the male, later identified by his FL DL as Edward Southard (W/M 07/30/1976). Southard stated that he was attempting to back out of the parking space and was trying to avoid hitting another vehicle and went up onto the curb striking the pole. While speaking with Southard, I immediately detected the odor of an unknown alcoholic beverage that emanated off of his breath that intensified as he spoke and observed he had very bloodshot/glassy eyes. Southard was leaning against his vehicle at one point for balance and almost fell over multiple times. I asked Southard why he was so persistent in trying to make the caller not have police involved in the accident. He stated it was because it takes a long time for police to arrive and he did not want to wait for 2-3 hours.</p> <p>I then spoke with Dolman who was still sitting inside her vehicle. Dolman stated she was sitting in the exact same parking space and watched Southard back his truck out of the parking space and hit the pole, causing it to fall on her car. Dolman advised Southard got out of his truck and came right up to her window immediately begging to her to not call police and just exchange information. Dolman stated that Southard smelled like alcohol and became very verbally aggressive when she refused to just exchange</p> |                          |                                                                                                                                                                                     |                        |                                                                                    |                                                 |                                    |   |          |
| NOTARY                                                                                                                                                                                                            | SWORN AND SUBSCRIBED BEFORE ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                     |                        | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><i>[Signature]</i> 1226          |                                                 |                                    |   |          |
|                                                                                                                                                                                                                   | NOTARY PUBLIC / CLERK OF COURT / OFFICE (F 117-109)<br><i>05/19/23</i> DATE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                     |                        | NOBLE, RILEY (1226)<br>NAME OF OFFICER (PLEASE PRINT)<br><b>05/19/2023</b><br>DATE |                                                 |                                    |   |          |
| <div style="display: flex; justify-content: space-between;"> <span>COURT</span> <span>STATE ATTORNEY</span> <span>CENTRAL RECORDS</span> <span>JAIL</span> <span>CRIME ANALYSIS</span> <span>P.I.O.</span> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                     |                        |                                                                                    |                                                 |                                    |   |          |

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| OBTS Number<br>Agency ORI Number<br><b>FL 0501700</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>   | 1. Arrest<br>2. N.T.A.<br>3. Request for Warrant<br>4. Request for Capias | <b>1</b>                           | JUVENILE        |
| Agency Name<br><b>JUPITER POLICE DEPARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agency Report Number<br><b>5   4   23-002069</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)<br><b>SOUTHARD, EDWARD JAMES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                                                           | Race<br><b>W</b>                   | Sex<br><b>M</b> |
| Alias                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                                                                           | Date of Birth<br><b>07/30/1976</b> |                 |
| <p>information and called police. I issued Dolman a copy of the crash report and she left the scene.</p> <p>After releasing Dolman from the scene, I went back over to speak with Southard who was now sitting on the bed of his truck. I asked him to come step over to my vehicle so we could speak further. I advised Southard that I had found him to have caused the damage to the pole and Dolmans vehicle as a result of pole falling. I then advised Southard that I was changing hats from a civil crash investigation to a criminal DUI investigation and read him Miranda from a pre-printed card. Southard immediately began to ask for "professional courtesy", stating he was a doctor and a veteran and that I did not have to do this. Post Miranda, Southard admitted to having 3-4 beers in the restaurant and stated he felt a "5-6" out of 10 on a scale of 1-10, 1 being stone cold sober, 10 being extremely intoxicated. Southard also stated if he could go back before the accident he would have not driven.</p> <p>Based on the aforementioned events, I requested Southard participate in Standardized Field Sobriety Tasks. I then spent a few minutes going back and forth with Southard having him again plead with me to "not do this" and give him some type of leniency and let his wife come pick him up. I advised Southard multiple times that the tasks are voluntary, however, if he refused to complete the tasks I have requested of him, it can be used against him in a court of law and I would have to make an arrest decision based off of the totality of circumstances. After going back and forth with Southard, he ultimately agreed to participate.</p> <p>I first began with the Horizontal Gaze Nystagmus task. I instructed Southard to stand with his feet touching (heel &amp; toes) and to keep his arms down at his side to which he struggled to do so. I demonstrated to Southard that he would be following my stimulus (red light) with his eyes and his eyes only and to keep his head still at all times. Southard stated he understood the instructions and was ready for me to continue. Southards 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. He did have vertical Nystagmus in both eyes. Multiple times throughout this task Southard stopped following the stimulus with his eyes and was noticeably swaying back and forth.</p> <p>The second task was the Walk &amp; Turn task. I demonstrated and instructed Southard to stand on the silver-line of tape I had placed across the flat parking lot and to place his left foot onto the line and his right foot touching his left foot heel-to-toe with his arms at his side. Southard got into the starting position and was unable to maintain it, almost falling over. I instructed/demonstrated Southard 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 his feet at</p> |                                                  |                                                                           |                                    |                 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER</p> <p><b>05/19/23</b></p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p>Notary Public State of Florida</p> <p><b>Renee Ragin</b></p> <p>My Commission GG 966418</p> <p>Expires 03/05/2024</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i> 1276</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>NOBLE, RILEY (1226)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>05/19/2023</b></p> <p>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                                                                           |                                    |                 |
| PAGE<br><b>2 OF 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                                                                           |                                    |                 |

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|-------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|-------------------------------------------------|------------------------------------|----------|
| OBT Number                                                  |  | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>                                                                                                                                                                                                                          |  | 1. Arrest<br>2. N.T.A.                       | 3. Request for Warrant<br>4. Request for Capias | <b>1</b>                           | JUVENILE |
| Agency ORI Number<br><b>FL 0501700</b>                      |  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b>                                                                                                                                                                                                                         |  | Agency Report Number<br><b>5 4 23-002069</b> |                                                 |                                    |          |
| Charge Type:<br>Check as many as apply.                     |  | <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 |  | Special Notes:                               |                                                 |                                    |          |
| Name (Last, First, Middle)<br><b>SOUTHARD, EDWARD JAMES</b> |  | Alias                                                                                                                                                                                                                                                                   |  | Race<br><b>W</b>                             | Sex<br><b>M</b>                                 | Date of Birth<br><b>07/30/1976</b> |          |

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all times, do not use his arms for balance, and do not stop walking. He stated he did not have any questions and understood the directions and was told to begin when ready. Southard took his first step and stepped off the line, he then continued down the line missing heel-to-toe on steps 2-5 and did not count out loud at all as demonstrated/instructed. Southard did make a proper turn, however, again missed heel-to-toe on steps 4-6 and stepped off the line completely almost falling over on step 7.

The third task was the One Leg Stand. I instructed Southard to stand with his feet touching (heel & toes) and to keep his arms down at his side, to which he struggled to keep his heels and toes touching without swaying around. I instructed/demonstrated to Southard that he would be raising the leg of his choice approximately 6 inches off the ground while keep his foot parallel to the ground and counting out loud until I told him to stop. I instructed Southard to not use his arms for balance, place his foot down, and make sure to look at his elevated foot while counting. After demonstrating he stated he understood. Southard did not raise his foot approximately 6 inches off the ground, placed his foot down on count 3 while swaying around and almost falling over. Southard also did not keep his arms at his side or look at his raised foot while counting. Due to Southard almost falling over multiple times, I moved onto the next task for his safety.

The fourth task was the Finger to Nose. I instructed Southard to stand with his feet touching (heel & toes) and to keep his arms down at his side with his pointer fingers pointed outward. I instructed/demonstrated Southard that I would be calling left (L) or right(R), when I do, with his head tilted back and eyes closed, he would take the tip of the finger I called and touch it to the tip of his nose and was shown the difference between the tip/pad/nail. He stated he understood and did not have any questions. I called out the fingers in the standardized order of L, R, L, R, R, and L. When I called "L" Southard placed the pad of his finger on the center of his nose and did not place his hand down as instructed/demonstrated and was reminded. I called "R" Southard placed the pad of his finger across the center of his nose again, not placing his hand down. I called "L" Southard placed the pad of his finger to the center of his nose. For the remaining, R, R, L, Southard placed the pad of his finger across the center of his nose and did not once place his hands down without having to be reminded.

The fifth and final task was the Romberg Alphabet. I instructed Southard to stand with his feet touching (heel & toes) and to keep his arms down at his side. I asked Southard what his highest form of education was and he stated "I'm a doctor". When I asked him if he felt comfortable reciting the English Alphabet, he laughed and said "of course I'm a doctor". He was instructed to tilt his head back and close his eyes while reciting the alphabet in a non-rhythmical manner. Southard, even though he stated he understood what a "non-rhythmical manner" was after I explained/demonstrated it to him, still rhymed and sang the Alphabet as follows: "A,B,C,D,E,F,G,I,H,I,J,K,L,M,N,O,P, now I know my ABCs

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SWORN AND SUBSCRIBED BEFORE ME<br><br><div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: center;"> <p style="font-size: 8px;">Notary Public State of Florida</p> <p style="font-size: 8px;">Renee Ragin</p> <p style="font-size: 8px;">My Commission GG 966418</p> <p style="font-size: 8px;">Expires 03/05/2024</p> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="flex: 1;"> <p style="font-size: 12px; margin: 0;">05/19/23</p> <p style="font-size: 8px; margin: 0;">DATE</p> </div> <div style="flex: 1; text-align: center;"> </div> </div> | <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: center;"> <p style="font-size: 8px;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="font-weight: bold; font-size: 10px;">NOBLE, RILEY (1226)</p> <p style="font-size: 8px;">NAME OF OFFICER (PLEASE PRINT)</p> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="flex: 1;"> <p style="font-size: 12px; margin: 0;">05/19/2023</p> <p style="font-size: 8px; margin: 0;">DATE</p> </div> </div> |
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PAGE 3 OF 4

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|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------|------------------------|--------------------------------------------------|-------------------------------------------------|------------------|-----------------|------------------------------------|
| OBTS Number                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT |                                                 | 1. Arrest<br>2. N.T.A. |                                                  | 3. Request for Warrant<br>4. Request for Capias |                  | <b>1</b>        | 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<br><b>FL 0501700</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> |                        | Agency Report Number<br><b>5   4   23-002069</b> |                                                 |                  |                 |                                    |
|                                                                    | Charge Type:<br>Check as many as apply. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Felony<br/> <input type="checkbox"/> 2. Traffic Felony         </div> <div> <input type="checkbox"/> 3. Misdemeanor<br/> <input checked="" type="checkbox"/> 4. Traffic Misdemeanor         </div> <div> <input type="checkbox"/> 5. Ordinance<br/> <input type="checkbox"/> 6. Other         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                 |                        |                                                  | Special Notes:                                  |                  |                 |                                    |
| D<br>E<br>F                                                        | Name (Last, First, Middle)<br><b>SOUTHARD, EDWARD JAMES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                 |                        | Alias                                            |                                                 | Race<br><b>W</b> | Sex<br><b>M</b> | Date of Birth<br><b>07/30/1976</b> |
|                                                                    | <p>next time won't you sing with me."</p> <p>Based on my investigation, observations, and totality of circumstances, I had probable cause to believe that Edward Southard 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. He was placed into handcuffs that were properly spaced and double-locked per department policy and secured in the rear of my patrol car at 1837 hours.</p> <p>I then transported Southard to the Palm Beach County Breath Alcohol Testing center, arriving at 1903 hours. I placed Southard under a 20 minute observation period, during which he neither consumed nor regurgitated anything. We then went on video with BAT technician Ragin#16877. I requested he provide a breath sample and he asked what would happen if he refuses. He was read implied consent from a pre-printed template which he stated he understood. He then provided two breath samples of .164 &amp; .159.</p> <p>Southard was then transported to Good Samaritan Hospital for medical clearance per jail policy and subsequently booked into the Palm Beach County Jail with a criminal court date of 06/21/2023, 0830 hours.</p> <p>The above incident was captured on BWC. This narrative is a summary of the events and not purported to be verbatim.</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><div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 30%;"> <br/>           NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)<br/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             05/19/23<br/>DATE           </div> </div> <div style="width: 30%; text-align: center;"> </div> <div style="width: 35%;"> <br/>           SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br/> <b>NOBLE, RILEY (1226)</b><br/>           NAME OF OFFICER (PLEASE PRINT)<br/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             05/19/2023<br/>DATE           </div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                                 |                        |                                                  |                                                 |                  |                 |                                    |
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.



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

PBSO CASE # 23-069948 PBSO ZONE 3-14

AGENCY CASE # 23002069 CRASH CASE # 23002069

TIME OF STOP/CRASH 1725 DATE 05/19/2023 DAY Friday

SUBJECT'S NAME Southard Edward J RACE W SEX M  
LAST FIRST MID

HGT 600 WGT 260 DOB 07/30/1976

LOCATION 1150 W Indiantown Road, Jupiter Fl 33458

ARRESTING OFFICER'S NAME & ID Noble 1226 AGENCY Jupiter PD

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1903

ARREST TIME 1827

BREATH RESULTS:

1) .159

2) .164

3) \_\_\_\_\_

4) \_\_\_\_\_

TESTING OFFICER'S ID 116877 PBSO VIDEOTAPE # N/A

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Southard, Edward J. CASE NUMBER: 23-069948

DATE: May 19, 2023 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 19:26 ENDING TIME: 19:39

BREATH TESTS RESULTS: 1) .159 TIME 19:32 A.M. ☐ P.M. ☒ 2) .164 TIME 19:35 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: Talkative, fidgety, crying

CLOTHING: Green pants, green shirt, black flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: None

## OTHER:

Eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 19:03 hrs.

Subject asked what would happen if he refused to perform breath test.

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

Subject agreed to take test.

Tech read breath test results.  
Subject stated he understood breath test results.

A/O read rights.  
Subject stated he understood rights.

Subject invoked the right to counsel.  
No Q&A conducted.

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 05/19/2023

Date of Last Agency Inspection: 05/19/2023  
Observation Period Began: 19:03  
Subject's Name: EDWARD J SOUTHARD

DOB: 07/30/1976 Sex: M

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     | 19:30 |
|          | Air Blank         | 0.000  | 19:30 |
|          | Control Test      | 0.080  | 19:31 |
|          | Air Blank         | 0.000  | 19:31 |
|          | Subject Sample #1 | 0.159  | 19:32 |
|          | Air Blank         | 0.000  | 19:33 |
|          | Air Blank         | 0.000  | 19:35 |
|          | Subject Sample #2 | 0.164  | 19:35 |
|          | Air Blank         | 0.000  | 19:36 |
|          | Control Test      | 0.079  | 19:36 |
|          | Air Blank         | 0.000  | 19:37 |
|          | Diagnostics Check | OK     | 19:37 |

Cylinder Lot: 29122080A1  
Exp: 12/05/2024

State of Florida, County of Palm Beach.

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

I RENEE M RAGIN, 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 record of that breath test.

Breath Test Operator: \_\_\_\_\_ Date: 05/19/23  
Signature

Sworn to (or affirmed) before me this 19 day of May, 2023  
1226 Ofc. R. Noble #1226  
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.

# WITNESS LIST

CASE NUMBER: 23002069

ARRESTING OFFICER: Noble

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: PC

NAME: SHERRILYN DOLMAN

ADDRESS: 101 COVENTRY PL, PALM BEACH GARDENS, FL 33418

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-452-2229

CAN TESTIFY TO: caller/wheel witness

NAME: Officer Partelow

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: back-up on scene

NAME: Officer Sales-Lopez

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) back-up on scene (WORK) \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

SUBJECT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## **IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO      Do you still refuse to submit to this test? YES <or> NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO      Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X) \_\_\_\_\_

## **CONSTITUTIONAL WARNINGS**

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: 000001, E. 100 S. CASE NUMBER: 1

## QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

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

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

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

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

|                    |       |
|--------------------|-------|
| EPILEPSY?          | _____ |
| GLASS EYE?         | _____ |
| FALSE TEETH?       | _____ |
| EAR INFECTION?     | _____ |
| INNER EAR TROUBLE? | _____ |
| DIABETES?          | _____ |

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

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

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

INTERVIEWER: \_\_\_\_\_



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

|                                                                    | X                                   | Florida State Statute                   | Description                                                                                                                                                                | Page Number(s) |
|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>L/E Exemptions</b>                                              | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|                                                                    | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       |                |
|                                                                    | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
|                                                                    | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).                                                                                                                                             |                |
|                                                                    | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| <b>Public Info. Exemptions</b>                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
|                                                                    | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
|                                                                    | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
|                                                                    | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
|                                                                    | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                     | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.                                            |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                                    | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.                                                                                                                                      |                |
|                                                                    | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.                                                                                                |                |
|                                                                    | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                                    | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                                    | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                                    | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                                    | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                                    | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                                    | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| <b>Other</b>                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                                    | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

|                                   |                                                  |
|-----------------------------------|--------------------------------------------------|
| <b>Booking Number:</b> 2023013195 | <b>Date:</b> 5/20/2023                           |
|                                   | <b>Specialist Name/ID:</b> Chantel Daniels/30347 |