

0538067

23CT19124AMR3

951

Marsy's Law CVI FL Const. Art.1 § 18(b)

|                                                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                                        |  |                                                                            |  |                                                                                                                |  |                                                                                                                        |  |                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| OBT Number                                                                                                                                                                                                                                                                                                                       |  | <b>ARREST/NOTICE TO APPEAR</b><br>Juvenile Referral Report                       |  | 1. Arrest<br>2. N.T.A.                                                                                 |  | 3. Request for Warrant<br>4. Request for Capias                            |  | 1                                                                                                              |  | Juvenile                                                                                                               |  | N                                                                                                                     |  |
| Agency ORI Number<br><b>FLO 500000</b>                                                                                                                                                                                                                                                                                           |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                         |  |                                                                                                        |  | Agency Report Number<br><b>06- 23-121664</b>                               |  |                                                                                                                |  |                                                                                                                        |  |                                                                                                                       |  |
| Charge Type:<br>Check as many as apply                                                                                                                                                                                                                                                                                           |  | <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  |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Weapon Seized / Type<br>2 1. Yes<br>2. No                                                                      |  | Multiple Clearance Indicator                                                                                           |  | 1                                                                                                                     |  |
| Location of Arrest (Including Name of Business)<br><b>14334 Wellington Trace</b>                                                                                                                                                                                                                                                 |  |                                                                                  |  | Location of Offense (Business Name, Address)<br><b>14334 Wellington Trace</b>                          |  |                                                                            |  | Wellington, FL, 33414                                                                                          |  |                                                                                                                        |  |                                                                                                                       |  |
| Date of Arrest<br><b>10/22/23</b>                                                                                                                                                                                                                                                                                                |  | Time of Arrest<br><b>0644</b>                                                    |  | Booking Date                                                                                           |  | Booking Time                                                               |  | Jail Date                                                                                                      |  | Jail Time                                                                                                              |  | Location of Vehicle                                                                                                   |  |
| Name (Last, First, Middle)<br><b>Sewell, Erica, Elizabeth</b> Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                               |  |                                                                                  |  |                                                                                                        |  |                                                                            |  |                                                                                                                |  |                                                                                                                        |  |                                                                                                                       |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian                                                                                                                                                                                                                                                            |  | Sex<br><b>F</b>                                                                  |  | Date of Birth<br><b>10/06/2004</b>                                                                     |  | Height<br><b>5'6</b>                                                       |  | Weight<br><b>100</b>                                                                                           |  | Eye Color<br><b>Brown</b>                                                                                              |  | Hair Color<br><b>Black</b>                                                                                            |  |
| Complexion<br><b>PALE</b>                                                                                                                                                                                                                                                                                                        |  | Build<br><b>SMALL</b>                                                            |  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>Back Right Ear</b> |  | Marital Status<br><b>Single</b>                                            |  | Religion<br><b>Christianity</b>                                                                                |  | Indication of Alcohol Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> |  | Drug Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>                 |  |
| Local Address (Street, Apt. Number)<br><b>1670 LAKEFIELD NORTH CT</b>                                                                                                                                                                                                                                                            |  |                                                                                  |  | (City)<br><b>WELLINGTON FL 33414</b>                                                                   |  |                                                                            |  | (State)<br><b>FL</b>                                                                                           |  | (Zip)<br><b>33414</b>                                                                                                  |  | Phone<br><b>561-459-0900</b>                                                                                          |  |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                          |  |                                                                                  |  | (City)                                                                                                 |  |                                                                            |  | (State)                                                                                                        |  | (Zip)                                                                                                                  |  | Phone                                                                                                                 |  |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  | (City)                                                                                                 |  |                                                                            |  | (State)                                                                                                        |  | (Zip)                                                                                                                  |  | Phone                                                                                                                 |  |
| D/L Number, State<br><b>S400205048660</b>                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Soc. Sec. Number                                                                                       |  |                                                                            |  | INS Number                                                                                                     |  | Place of Birth (City, State)<br><b>Canada</b>                                                                          |  | Citizenship<br><b>Canada</b>                                                                                          |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                          |  |                                                                                  |  | Race                                                                                                   |  | Sex                                                                        |  | Date of Birth                                                                                                  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                                           |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                          |  |                                                                                  |  | Race                                                                                                   |  | Sex                                                                        |  | Date of Birth                                                                                                  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                                           |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal<br><input type="checkbox"/> Other                                                                                                                                                                                                                              |  |                                                                                  |  | (Last)                                                                                                 |  |                                                                            |  | (First)                                                                                                        |  | (Middle)                                                                                                               |  | Residence Phone                                                                                                       |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                    |  |                                                                                  |  | (City)                                                                                                 |  |                                                                            |  | (State)                                                                                                        |  | (Zip)                                                                                                                  |  | Business Phone                                                                                                        |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                              |  |                                                                                  |  | Date                                                                                                   |  | Time                                                                       |  | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>3. Incarcerated |  |                                                                                                                        |  |                                                                                                                       |  |
| Released To: (Name)                                                                                                                                                                                                                                                                                                              |  |                                                                                  |  | Relationship                                                                                           |  |                                                                            |  | Date                                                                                                           |  | Time                                                                                                                   |  |                                                                                                                       |  |
| The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |                                                                                  |  |                                                                                                        |  |                                                                            |  | School Attended                                                                                                |  | Grade                                                                                                                  |  |                                                                                                                       |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                      |  |                                                                                  |  | Description of Property                                                                                |  |                                                                            |  | Value of Property                                                                                              |  |                                                                                                                        |  |                                                                                                                       |  |
| 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. Dispense/<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/Derv.                                |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics                                                        |  | U. Unknown<br>Z. Other                                                     |  |                                                                                                                |  |                                                                                                                        |  |                                                                                                                       |  |
| Charge Description<br><b>D.U.I.</b>                                                                                                                                                                                                                                                                                              |  |                                                                                  |  | Counts<br><b>1</b>                                                                                     |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | Statute Violation Number<br><b>316.193(4)</b>                                                                  |  | Violation of ORD #                                                                                                     |  |                                                                                                                       |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Drug Type<br><b>N</b>                                                                                  |  | Amount / Unit                                                              |  | Offense #<br><b>23-121664</b>                                                                                  |  | Warrant / Capias Number                                                                                                |  | Bond                                                                                                                  |  |
| Charge Description                                                                                                                                                                                                                                                                                                               |  |                                                                                  |  | Counts                                                                                                 |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                                                                     |  |                                                                                                                       |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Drug Type<br><b>N</b>                                                                                  |  | Amount / Unit                                                              |  | Offense #<br><b>23-121664</b>                                                                                  |  | Warrant / Capias Number                                                                                                |  | Bond                                                                                                                  |  |
| Charge Description                                                                                                                                                                                                                                                                                                               |  |                                                                                  |  | Counts                                                                                                 |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                                                                     |  |                                                                                                                       |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Drug Type<br><b>N</b>                                                                                  |  | Amount / Unit                                                              |  | Offense #<br><b>23-121664</b>                                                                                  |  | Warrant / Capias Number                                                                                                |  | Bond                                                                                                                  |  |
| Charge Description                                                                                                                                                                                                                                                                                                               |  |                                                                                  |  | Counts                                                                                                 |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                                                                     |  |                                                                                                                       |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Drug Type<br><b>N</b>                                                                                  |  | Amount / Unit                                                              |  | Offense #<br><b>23-121664</b>                                                                                  |  | Warrant / Capias Number                                                                                                |  | Bond                                                                                                                  |  |
| Location (Court, Room Number, Address)<br><b>Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406</b>                                                                                                                                                                                                        |  |                                                                                  |  |                                                                                                        |  |                                                                            |  |                                                                                                                |  |                                                                                                                        |  |                                                                                                                       |  |
| Court Date and Time<br>Month <b>November</b> Day <b>9th</b> Year <b>2023</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>                                                                                                                                                                 |  |                                                                                  |  |                                                                                                        |  |                                                                            |  |                                                                                                                |  |                                                                                                                        |  |                                                                                                                       |  |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.                  |  |                                                                                  |  |                                                                                                        |  |                                                                            |  |                                                                                                                |  |                                                                                                                        |  |                                                                                                                       |  |
| Signature of Defendant (or Juvenile and Parent /Custodian)<br><i>Erica Sewell</i>                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                        |  |                                                                            |  |                                                                                                                |  | Date Signed<br><b>10/22/23</b>                                                                                         |  |                                                                                                                       |  |
| HOLD for other Agency<br>Name:                                                                                                                                                                                                                                                                                                   |  |                                                                                  |  | Signature of Arresting Officer<br><i>[Signature]</i> <b>22055</b>                                      |  |                                                                            |  | Name Verification (Printed by Arrestee)<br><b>OCT 23 2023</b>                                                  |  |                                                                                                                        |  |                                                                                                                       |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br>Intake Deputy                                                                                                                                                                                                                                         |  |                                                                                  |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other<br>I.D. # Pouch #           |  |                                                                            |  | Arresting Officer (Print)<br><b>D/S B. Landa</b> <b>22055</b>                                                  |  |                                                                                                                        |  | (PRINT)                                                                                                               |  |
| Transporting Officer<br><b>D/S B. Landa</b>                                                                                                                                                                                                                                                                                      |  |                                                                                  |  | ID # <b>22055</b>                                                                                      |  |                                                                            |  | Agency<br><b>PBSO</b>                                                                                          |  |                                                                                                                        |  | PAGE<br><b>1 OF 1</b>                                                                                                 |  |
| Witness here if subject signed with an "X"                                                                                                                                                                                                                                                                                       |  |                                                                                  |  |                                                                                                        |  |                                                                            |  |                                                                                                                |  |                                                                                                                        |  |                                                                                                                       |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF October 20 23 , AT 5:39 ☒ AM ☐ PM

SUBJECT: Sewell Erica Elizabeth CASE NUMBER: 23-121664

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S B. Landa 22055

## PERSONAL CONTACT

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

Complainant Paul Williams Bint (DOB 07/04/1964) witnessed Sewell in the driver's seat of the vehicle.

## OBSERVATION OF DRIVER:

I made contact with the driver, who was identified herself as Erica Elizabeth Sewell (DOB 10/06/2004). I detected a odor of an unknown alcoholic beverage emitting from Erica Elizabeth Sewell. Sewell was swaying and was unable to maintain her balance.

## DRIVER'S STATEMENTS:

On scene Erica Elizabeth Sewell said she had two hits of Stevia. Sewell said she smoked it four hours ago. Sewell gave consent for the breath alcohol test, Sewell answered the Q&A. In the Q&A Sewell stated she consumed one drink of alcohol at approximately 2200 hours and ended at approximately 2240 hours.

## ODORS:

Odor of unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Calm

ATTITUDE: Reserved, Polite, and Calm.

CLOTHING: Red Shirt, Shorts

MEDICAL/OTHER: Complained of neck pain because of the traffic crash.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

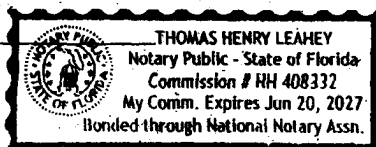
D/S B. Landa

22055

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of October 20 23 by D/S B. Landa 22055

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: D/S B. Landa 22055

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



SUBJECT: Sewell

Erica

CASE NUMBER 23-121664

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

#### Other Observations:

Sewell was swaying during the task front to back motion. Sewell had to be reminded to track the stimulus with her eyes only.

#### WALK & TURN: SFST

I explained/demonstrated the instructions for the Walk and Turn Task for Sewell and said she understood. During the task, Sewell was swaying in a front to back manner. Sewell was having trouble maintaining her balance. Sewell was swaying in a side to side manner.

#### ONE LEG STAND: SFST

I explained and demonstrated the instructions for the One Leg Stand Task to Sewell said she understood. During the task, Sewell Hernandez was swaying. Sewell held onto her thighs to balance.

#### FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose Task for Sewell who said she understood. During the task Sewell was swaying. Sewell did not immediately bring her hand back to the side of her body.

#### ROMBERG ALPHABET:

I explained and demonstrated the instructions for Romberg Alphabet Task for Sewell who said she understood. Sewell did not recite the alphabet in order and skipped letters.

BREATH TEST RESULTS: 1) 1.94 2) 1.96 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S B. Landa 22055

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

22

day of October

23

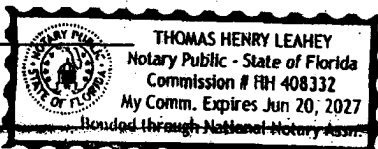
by D/S B. Landa

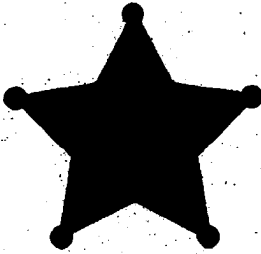
22055

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

D/S B. Landa 22055

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





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

PBSO CASE # 23-121664 PBSO ZONE 8-11

AGENCY CASE # N/A CRASH CASE # 23-121664

TIME OF STOP/CRASH 0539 DATE 10/22/2023 DAY Sunday

SUBJECT'S NAME Sewell Erica Elizabeth  
LAST FIRST MID

DOB 10/06/2004 HGT 5'6 WGT 100 RACE W SEX F

LOCATION 14334 Wellington Trace Wellington, FL, 33414

ARRESTING OFFICER'S NAME & ID D/S B. Landa 22055 Palm Beach County Sheriff's Office  
AGENCY

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

**BREATH RESULTS:**

ARRIVAL AT FACILITY 0711

1) .194

ARREST TIME 0644

2) .196

3) N/A

4) N/A

19183  
BAT TECH. OFFICER NAME & ID

N/A  
PBSO VIDEOTAPE #

## WITNESS LIST

CASE NUMBER: 23-121664

ARRESTING OFFICER: D/S B. Landa

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33414

PHONE NUMBERS (HOME): 561-688-3000

(WORK)

CAN TESTIFY TO: DUI INVESTIGATION

NAME: Paul Williams Bint

ADDRESS:

PHONE NUMBERS (HOME) 917-699-1942

(WORK)

CAN TESTIFY TO: DUI INVESTIGATION

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

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ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Sewell, Erica E

DATE: Oct 22, 2023

BEGINNING TIME: 0733

CASE NUMBER: 23-121664

VIDEO DVD NUMBER: n/a

ENDING TIME: 0753

BREATH TESTS RESULTS: 1) .194 TIME 0737 A.M. ☒ P.M. ☐ 2) .194 TIME 0740 A.M. ☒ P.M. ☐  
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: cooperative

CLOTHING: tan shirt, red top, black boots

MEDICAL CONDITIONS: depression, birth control

MEDICATIONS: names of pills unknown

## OTHER:

eyes were glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
subject drank 1 vodka/redbull & had some marijuana earlier - Q&A

## COMMENTS:

arrived at center A/O conducted 20 observation period at 0711 hrs

subject agreed to perform breath test

subject completed breath test

A/O read rights in & subject understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

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

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

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

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

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

OR

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

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

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

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

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

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

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

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

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

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

### **CONSTITUTIONAL WARNINGS**

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

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

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

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: Smith, Eric E CASE NUMBER: 23-11004

## QUESTIONS AND ANSWERS

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

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

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

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

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? 1

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? YES

WERE YOU IN AN ACCIDENT TODAY? YES

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? YES WHEN? 11:00 PM

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? Valium WHEN? 10/24/00

DO YOU HAVE:

|                    |           |
|--------------------|-----------|
| EPILEPSY?          | <u>NO</u> |
| GLASS EYE?         | <u>NO</u> |
| FALSE TEETH?       | <u>NO</u> |
| EAR INFECTION?     | <u>NO</u> |
| INNER EAR TROUBLE? | <u>NO</u> |
| DIABETES?          | <u>NO</u> |

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

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? \_\_\_\_\_

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

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006240 Software: 8100.27  
Date of Test: 10/22/2023

Date of Last Agency Inspection: 10/20/2023  
Observation Period Began: 07:11  
Subject's Name: ERICA E SEWELL

DOB: 10/06/2004 Sex: F

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

| Results: | Test              | g/210L | Time  |
|----------|-------------------|--------|-------|
|          | Diagnostics Check | OK     | 07:35 |
|          | Air Blank         | 0.000  | 07:36 |
|          | Control Test      | 0.081  | 07:36 |
|          | Air Blank         | 0.000  | 07:37 |
|          | Subject Sample #1 | 0.194  | 07:37 |
|          | Air Blank         | 0.000  | 07:38 |
|          | Air Blank         | 0.000  | 07:40 |
|          | Subject Sample #2 | 0.196  | 07:40 |
|          | Air Blank         | 0.000  | 07:41 |
|          | Control Test      | 0.080  | 07:41 |
|          | Air Blank         | 0.000  | 07:41 |
|          | Diagnostics Check | OK     | 07:42 |

Cylinder Lot: 15922080A5  
Exp: 08/05/2024

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

Breath Test Operator: T Leahey Date: 10-22-23  
Signature

Sworn to (or affirmed) before me this 22 day of October, 2023

Thomas H. Leahey Signature of Notary Public-State of Florida  
D/S B Landa # 22055 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.



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

|                                                | X                                   | Florida State Statute                | Description                                                                                                                                                                                                                                                                                              | Page Number(s) |
|------------------------------------------------|-------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| L/E Exemptions                                 | <input type="checkbox"/>            | 119.071(4)(c)                        | Undercover personnel                                                                                                                                                                                                                                                                                     |                |
|                                                | <input type="checkbox"/>            | 119.071(2)(e)                        | Confession                                                                                                                                                                                                                                                                                               |                |
| Public Info. Exemptions                        | <input type="checkbox"/>            | FL Const. Art. I, s. 16(b)(5)        | Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information) |                |
|                                                | <input type="checkbox"/>            | 119.071(2)(j)                        | Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence                                                                    |                |
|                                                | <input type="checkbox"/>            | 119.0712(2)                          | Personal information contained in a motor vehicle record                                                                                                                                                                                                                                                 |                |
|                                                | <input checked="" type="checkbox"/> | 316.650(11)                          | Driver information contained in a uniform traffic citation                                                                                                                                                                                                                                               | 11-12          |
|                                                | <input type="checkbox"/>            | 119.071(4)(d)2.a.                    | Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children                                                                                                                                                                                  |                |
| Florida Rules of Judicial Administration 2.420 | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers                                                                                                                                                                                                                                    | 2              |
|                                                | <input type="checkbox"/>            | (xii) 741.30(3)(b)                   | The victim's address in a domestic violence action on petitioner's request                                                                                                                                                                                                                               |                |
|                                                | <input type="checkbox"/>            | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses                                                                                                                                                                                                                                |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
| Other                                          | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |

REVIEW COMPLETED BY

|                            |                                          |
|----------------------------|------------------------------------------|
| Booking Number: 2023027867 | Date: 10/23/2023                         |
|                            | Specialist Name/ID#: Rebeca Castro/40259 |