

24CT6293 NB
ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4, 24-001404		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1		JUVENILE			
	Charge Type Check as many as apply ☐ 1. Felony ☒ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator									
D E F E N D A N T	Location of Arrest (Including Name of Business) 2399 S ALT AIA/ADMIRALS COVE BLVD JUPITER FL 33477										Location of Offense (Business Name, Address) 2399 S ALT AIA/ADMIRALS COVE BLVD, JUPITER, FL 33477			
	Date of Arrest 04/08/2024		Time of Arrest 01:02		Booking Date 04/08/2024		Booking Time 01:12		Jail Date //		Jail Time //			
C O D E F	Name (Last, First, Middle) HARLAN, ERIN ELIZABETH										Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 09/07/1980		Height 5'03		Weight 170		Eye Color GREEN			
J U V E N I L E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion UNKNOWN		Indication of: Alcohol Influence Yes ☒ No ☐ Drug Influence Yes ☒ No ☐ Unk ☐		Complexion LIGHT		Build Medium			
	Local Address (Street, Apt. Number) 185 EVERGRENE PKWY, PALM BEACH GARDENS, FL 33410		(City) (703) 531-7887		(State) (703) 531-7887		(Zip) (703) 531-7887		Phone (703) 531-7887		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3			
C O D E F	Permanent Address (Street, Apt. Number) 185 EVERGRENE PKWY, PALM BEACH GARDENS, FL 33410		(City) (703) 531-7887		(State) (703) 531-7887		(Zip) (703) 531-7887		Phone (703) 531-7887		Address Source			
	Business Address (Name, Street) H645205808271 / FL		(City) NEWPORT BEACH, CA		(State) US		(Zip) US		Phone US		Occupation			
C O D E F	D/L Number, State H645205808271 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) NEWPORT BEACH, CA		Citizenship US					
	Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile					
J U V E N I L E	Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile					
	☐ Parent ☐ Other ☐ Legal Custodian		Name (Last, First, Middle) [REDACTED]		Residence Phone [REDACTED]		Business Phone [REDACTED]		Notified by: (Name) [REDACTED]		Date [REDACTED]			
C H A R G E	Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]		Notified by: (Name) [REDACTED]		Date [REDACTED]			
	Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
C H A R G E	The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.										School Attended [REDACTED]		Grade [REDACTED]	
	Property, Crime? ☐ Yes ☒ No		Description of Property [REDACTED]		Value of Property [REDACTED]									
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other			
	Drug Type N		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number [REDACTED]			
C H A R G E	Charge Description DUI - BAC ABOVE .15										Statute Violation Number 316.193(4)		Violation of ORD # [REDACTED]	
	Charge Description [REDACTED]										Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]	
C H A R G E	Charge Description [REDACTED]										Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]	
	Charge Description [REDACTED]										Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]	
I N T A K E	Health / Apparent Physical Condition of Defendant [REDACTED]										Any knowledge of the following ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries			
	Check which applies ☐ Released O.R. ☐ Released to Parent/Guardian ☒ TOT County Jail ☐ Posted Bond ☐ South County Mental Health										PROPERTY - Received By [REDACTED]		Released By [REDACTED]	
N O T I C E T O A P P E A R	Transported By [REDACTED]										Date Transported [REDACTED]		Time Transported [REDACTED]	
	☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 05/08/2024 08:30:00	
A D M I N I S T R A T I O N	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.										No Photo Available			
	Signature of Defendant (or Juvenile and Parent/Custodian) [REDACTED]										Date Signed [REDACTED]			
A D M I N I S T R A T I O N	HOLD for Other Agency ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other										Signature of Arresting Officer PICARD, RONNIE		Name Verification (Printed by Arrestee) APR 8 AM 4:01	
	Transporting Officer PICARD										I.D. # 1240		Agency JUPITER	
Witness here if subject signed with an "X"										PAGE 1 OF 1				

☐ COURT ☒ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 24-001404				
	Charge Type: Check as many as apply ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other				Special Notes:				
D E F E N D A N T	Name (Last, First, Middle) HARLAN, ERIN ELIZABETH				Race W		Sex F		Date of Birth 09/07/1980
	Charge Description 316.193(4) DUI - BAC ABOVE .15				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race		Sex		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source		
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
	The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ☐ committed the below acts in my presence. ☒ confessed to MYSELF admitting to the below facts. ☒ was observed by OFFICER SINGER who told MYSELF that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 8 day of April, 2024 at 02:38 (Specifically include facts constituting cause for arrest.)								
At approximately 00:28 hours on 04/08/2024, I responded to a traffic stop that was initiated by Officer Singer at S Alt A1A and Admirals Cove Blvd. Upon arrival, Officer Singer advised he observed a gray Audi bearing FL tag 49CFZI traveling northbound on S Alt A1A at Frederick Small Rd at approximately 10 MPH in a posted 50 MPH zone. He said the aforementioned vehicle would brake and almost came to a complete stop in the middle of the roadway. The vehicle then made a u-turn at Admirals Cove Blvd and began traveling southbound on S Alt A1A. Officer Singer then initiated a traffic stop to see if the driver was sick, tired, or impaired. He made contact with the driver who was later found to be offender, Erin Elizabeth Harlan; W/F; 09/07/1980. Officer Singer advised Harlan could not provide him with all the documents he request because she seemed disoriented. (See Officer Singers Supplement Report). I made contact with Harlan at the driver's side window and observed she had bloodshot glossy eyes. I asked Harlan if she could give me her insurance, Harlan was upset and asked if she could have someone come pick her up to drive her home. I asked Harlan to provide me with her insurance again and she took an unusual amount of time searching and fumbling through her wallet. Harlan asked me multiple times if someone could come drive her home. Harlan had received her insurance from her glovebox, stared at it, did not hand it to me, and went to put in back in her glove box. At this point I told Harlan that was the correct paper and to hand it to me, she was slow handing me the paper even after I told her that is the one I need. While I was speaking to Harlan I smelled an odor of an unknown alcoholic beverage coming directly from her breath which intensified as she spoke and she had slurred speech. I asked Harlan to step out of her vehicle and when she did she was unsteady on her feet. I asked Harlan where she was coming from and she advised she was coming from her friend's house. I asked her how much she had to drink and she stated she and her friend									
S W O R N	SWORN AND SUBSCRIBED BEFORE ME <i>Thomasina Miller</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S.) 04/08/24 DATE THOMASINA MILLER Notary Public - State of Florida Commission # HH-326641 My Comm. Expires Dec 7, 2026 Bonded through National Notary Ass'n. <i>[Signature]</i> 1240 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PICARD, RONNIE (1240) NAME OF OFFICER (PLEASE PRINT) 04/08/2024 DATE								
	PAGE 1 OF 2								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 24-001404				
Charge Type: Check as many as apply.		☐ 1 Felony ☐ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☒ 4 Traffic Misdemeanor ☐ 6 Other			Special Notes		
Name (Last, First, Middle) HARLAN, ERIN ELIZABETH		Alias		Race W	Sex F	Date of Birth 09/07/1980	
had a bottle of wine. Based on my observations I asked Harlan if she would perform Standardized Field Sobriety Tasks so I know she would be safe to drive home. Harlan consented to perform the tasks. As a result of the Standardized Field Sobriety Tasks, Harlan gave me many clues that indicated impairment (see DUI probable cause affidavit for further information regarding specific indicators of impairment). I placed Harlan under arrest, placed handcuffs on her, checked for proper spacing, and double-locked them. I then placed Harlan in the back right seat of my patrol vehicle. I transported Harlan to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period to ensure Harlan did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Harlan provide a lawful sample of her breath for the purpose of determining the alcohol content. Harlan consented and provided two, adequate breath samples of .186, and .171, both well over the legal limit of .08. The results of the breath were stated to Harlan, she said she understood the test results. As a result of the above investigation, Harlan was charged with driving under the influence pursuant to Florida State Statute 316.193 (4), she had a breath-alcohol level of 0.15 or higher. Harlan was booked into the Palm Beach County Jail without incident. My department-issued Axon BWC was activated during the above investigation.							
SWORN AND SUBSCRIBED BEFORE ME <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / THOMASINA MILLER 04/08/2024 DATE THOMASINA MILLER Notary Public - State of Florida Commission # 11719 My Comm. Expires Dec 7, 2026 Bonded through National Notary Assn. <i>[Signature]</i> 1240 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PICARD, RONNIE (1240) NAME OF OFFICER (PLEASE PRINT) 04/08/2024 DATE							
						PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



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

PBSO CASE # 24-050943 PBSO ZONE 3-12

AGENCY CASE # 24-001404 CRASH CASE # _____

TIME OF STOP/CRASH 00:28 DATE 04/08/2024 DAY Monday

SUBJECT'S NAME Harlan Erin E RACE W SEX F
LAST FIRST MID

HGT 5'03 WGT 170 DOB 09/07/1980

LOCATION S Alt A1A/Admirals Cove Blvd

ARRESTING OFFICER'S NAME & ID R. Picard 1240 AGENCY Jupiter

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 01:35

ARREST TIME 01:02

BREATH RESULTS:

1)	.186
2)	.171
3)	N/A
4)	N/A

TESTING OFFICER'S ID 41017 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: HARLAN, ERIN .E.

CASE NUMBER: 24-050943

DATE: Apr 8, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:01

ENDING TIME: 02:28

BREATH TESTS RESULTS: 1) VNM TIME 02:09 A.M. ☒ P.M. ☐ 2) .186 TIME 02:12 A.M. ☒ P.M. ☐
3) .171 TIME 02:15 A.M. ☒ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL

CLOTHING: GREEN SHIRT, BLUE TIGHTS, YELLOW SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: STATED THE OFFICER KNOWS MY MEDICATIONS

OTHER:

EYES: RED & GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:35 HRS.

SUBJECT: AGREED TO TAKE TEST.

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS KEPT BLOWING AND STOPPING.

A/O: READ I/C.

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST.

A/O: READ RIGHTS.

SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.

SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.

SUBJECT: ANSWERED QUESTIONS.

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: HARLAN, ERIN .E.

CASE NUMBER: 24-050943

DATE: Apr 8, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:01

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BREATH TESTS RESULTS: 1) VNM TIME 02:09 A.M. ☒ P.M. ☐ 2) .186 TIME 02:12 A.M. ☒ P.M. ☐
3) .171 TIME 02:15 A.M. ☒ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL

CLOTHING: GREEN SHIRT, BLUE TIGHTS, YELLOW SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: STATED THE OFFICER KNOWS MY MEDICATIONS

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TECH: READ TEST RESULTS.

SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.

SUBJECT: ANSWERED QUESTIONS.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 04/08/2024

Date of Last Agency Inspection: 03/08/2024

Observation Period Began: 01:35

Subject's Name: ERIN E HARLAN

DOB: 09/07/1980 Sex: F

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:04
	Air Blank	0.000	02:05
	Control Test	0.080	02:05
	Air Blank	0.000	02:06
	Subject Sample #1	VNM*	02:09
	Air Blank	0.000	02:10
	Air Blank	0.000	02:11
	Subject Sample #2	0.186	02:12
	Air Blank	0.000	02:13
	Air Blank	0.000	02:14
	Subject Sample #3	0.171	02:15
	Air Blank	0.000	02:16
	Control Test	0.078	02:16
	Air Blank	0.000	02:17
	Diagnostics Check	OK	02:17

*Volume Not Met (0.181 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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

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

Breath Test Operator: Thomasina E Miller Date: 04/08/24
Signature

Sworn to (or affirmed) before me this 08 day of April, 2024

[Signature] OTC. R. Picard
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.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-001741 Software: 8100.27
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Subject's Name: ERIN E HARLAN

DOB: 09/07/1980 Sex: F

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	02:04
Air Blank	0.000	02:05
Control Test	0.080	02:05
Air Blank	0.000	02:06
Subject Sample #1	VNM*	02:09
Air Blank	0.000	02:10
Air Blank	0.000	02:11
Subject Sample #2	0.186	02:12
Air Blank	0.000	02:13
Air Blank	0.000	02:14
Subject Sample #3	0.171	02:15
Air Blank	0.000	02:16
Control Test	0.078	02:16
Air Blank	0.000	02:17
Diagnostics Check	OK	02:17

*Volume Not Met (0.181 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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

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

Breath Test Operator: Thomasina B Miller

Signature

Date: 04/08/24

Sworn to (or affirmed) before me this 08 day of April, 2024

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

OR

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

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

I am _____ of the _____

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

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

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

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

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

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

SUBJECTS SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) _____

WITNESS LIST

CASE NUMBER: 24-001404

ARRESTING OFFICER: R. Picard

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: S. Singer

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

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: _____

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

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

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

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

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

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



Palm Beach County Sheriff's Office Florida State Statute Exemption Sheet

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

REVIEW COMPLETED BY

Booking Number: 2024009355	Date: 4/9/2024
	Specialist Name/ID#: J. Gaines/ 44177