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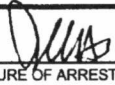
3298

A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE		
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2025-003529					
	Charge Type: Check as many ☐ 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) 4150 N OCEAN BLVD, BOCA RATON, FL 33431				Location of Offense (Business Name, Address) 4150 N OCEAN BLVD, BOCA RATON, FL 33431					
	Date of Arrest 03/26/2025	Time of Arrest 23:31	Booking Date 03/26/2025	Booking Time 23:41	Jail Date 03/27/2025	Jail Time 01:45	Location of Vehicle RELEASE TO OTHER			
	Name (Last, First, Middle) CHOUINARD, GINGER L				Alias (Name, DOB, Soc. Sec. #, Etc.)					
C O D E F	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex F	Date of Birth 08/15/1969	Height 5'05	Weight 140	Eye Color HAZEL	Hair Color BLONDE	Complexion MEDIUM	Build Small
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status S	Religion JEWISH	Indication of Alcohol Influence Yes ☒ No ☐ Unk. ☐			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 3215 S OCEAN BLVD 107, HIGHLAND BEACH, FL 33487				Phone (949) 333-9319		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 3215 S OCEAN BLVD 107, HIGHLAND BEACH, FL 33487				Phone (949) 333-9319		Address Source FL DL			
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
	DL Number, State CS63292697950 / FL		Sec. Sec. Number	INS Number	Place of Birth (City, State) HUNTINGTON, NY,		Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor		
	Name (Last, First, Middle)				Residence Phone			Business Phone		
	Address (Street, Apt. Number) (City) (State) (Zip)				Notified by: (Name)			Date Time		
J U V E N I L E	Released To: (Name)				Relationship			Date Time		
	The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended			Grade		
	Property Crime? ☐ Yes ☒ No				Description of Property			Value of Property		
	Drug Activity S. Sell R. Smuggle K. Disperses/Distribute M. Manufacture/Produce/Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use P. Possess T. Traffic				Drug Type N. N/A A. Amphetamine			B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other		
	Charge Description DUI				Statute Violation Number 316.193(1) (A)			Violation of ORD #		
	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number				Bond					
	Charge Description				Statute Violation Number			Violation of ORD #		
	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number				Bond					
	Charge Description				Statute Violation Number			Violation of ORD #		
	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number				Bond					
I N T A K E	Health / Apparent Physical Condition of Defendant CALM				Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries					
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail				PROPERTY - Received By HARRISON			Released By PBCJ		Released To OWNER
	Transported By HARRISON				Date Transported 03/27/2025		Time Transported 01:45		Other	
	☒ 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) South County 200 W Atlantic Ave Delray Beach, FL 33444			Court Date and Time 04/28/2025 08:30:00		No Photo Available
	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)				Date Signed					
	HOLD for Other Agency				Signature of Arresting Officer					
	A D M I N	☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other				Name of Arresting Officer (Print) HARRISON, D. M.		ID. # 856		PAGE 1 OF 1
		Transporting Officer HARRISON		ID. # 856		Agency BRPD		Witness here if subject signed with an "X".		
		Pouch #								

7 2025

J# MAR 27 2025

p# 3298

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	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2025-003529				
	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	Name (Last, First, Middle) CHOUINARD, GINGER L				Race W	Sex F	Date of Birth 08/15/1969		
	Alias								
C H A R G E S	Charge Description (A) 316.193(1) DUI				Charge Description				
	Charge Description				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		
	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> <div style="display: flex; justify-content: space-between;"> <div> ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. </div> <div> ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>26</u> day of <u>March</u>, <u>2025</u> at <u>23:31</u> (Specifically include facts constituting cause for arrest.)</p>									
<p>On 03/26/2025 at approximately 2300 hours, I responded to the area of 4150 N Ocean Blvd as a backup officer to a traffic stop.</p>									
<p>Upon arrival, I met with Ofc. Reissi who had conducted a traffic stop on a white Volkswagen bearing FL tag QJEK42 after it had cut across lanes of thru traffic making a right turn at a red light at NE 20th St and N Federal Hwy and used a shopping plaza to skip the red light. Ofc. Reissi made contact with the driver and sole occupant of the vehicle, identified by her FL DL to be Ginger Chouinard. Ofc. Reissi advised that when he asked her for her license and vehicle registration, she initially pulled out her credit card and also handed him her handicap placard registration. She could not provide any insurance information. He also observed she had bloodshot glossy eyes, her movements were slowed, and he could smell an odor of an unknown alcoholic beverage emanating from her breath and person.</p>									
<p>I then met with Ginger, who was still seated in her driver seat. I asked Ginger if she could step outside of the vehicle to speak with me, and she willingly stepped out. As she got out of her vehicle, she was unsteady on her feet and used her vehicle to balance. It should be noted that she was wearing high heels and a dress as if she had gone out for dinner/celebration. Once outside the vehicle, I asked Ginger if she knew why she was pulled over, and she advised she did. It was due to her making a right turn into a shopping plaza to avoid a red light because the light takes too long. Ofc. Reissi informed her there that by her making that right turn on red, she cut across thru lanes of travel that had a green light since it is a 5-way intersection. She advised she was coming from taking her friend out to celebrate her birthday in Ft. Lauderdale by Ocean Blvd and Oakland Park Blvd. She was heading to her residence in Highland Beach northbound on Ocean Blvd. She stated she had some wine tonight, she has no physical injuries, no medical issues, not a diabetic, and does not take any prescription medications. While speaking with Ginger, I noticed she was swaying, her eyes were</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME								
	GENDEN, ERIC BRADLEY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 				
	03/27/2025 DATE				HARRISON, DANIELLE MARIE (856) NAME OF OFFICER (PLEASE PRINT)				
					03/27/2025 DATE				
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> STATE ATTORNEY </div> <div style="text-align: center;"> CENTRAL RECORDS </div> <div style="text-align: center;"> JAIL </div> <div style="text-align: center;"> CRIME ANALYSIS </div> <div style="text-align: center;"> P. I. O. </div> </div>									

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MAR 2

OBS 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 FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2025-003529						
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other			Special Notes:					
D E F	Name (Last, First, Middle) CHOVINARD, GINGER L			Race W		Sex F		Date of Birth 08/15/1969	
<p>bloodshot glossy, and I could smell a strong odor of an unknown alcoholic beverage emanating from her breath and person. She was also chewing gum, which is typically used to mask the odor of alcoholic beverages.</p> <p>Based on my observations, I was concerned that Ginger had been operating a motor vehicle while under the influence of alcohol and/or a chemically controlled substance. I asked Ginger if she would be willing to participate in field sobriety tasks to dispel my alarm that she is under the influence. Ginger agreed to participate in the tasks. I explained and demonstrated each task.</p> <p>The first task was the Horizontal Gaze Nystagmus. After explaining the instructions, I asked her if she understood. She replied yes. I then asked if she had any questions, and she replied no. I noticed equal pupil size in both eyes. I then observed lack of smooth pursuit in both eyes and distinct and sustained nystagmus at maximum deviation in both eyes. Ginger would also move her head and lose focus of the tip of the pen. She was also swaying the entire time.</p> <p>The next task was the Walk and Turn. I afforded Ginger the opportunity to change her shoes, and she advised she had some flat sandals in her car. She then took off her high heels and put on her sandals. I then guided Ginger over to a solid white line on a flat and dry surface in a well-lit area. Ginger advised the line was straight and "white." I then asked Ginger to stand in the starting position while I explained and demonstrated the task. Ginger did not remain in the position and attempted to start the task before I told her to. After I explained and demonstrated the task, Ginger advised she understood and did not have any questions. During the task, she did not keep her feet heel-to-toe, did not count out loud, she took more than nine steps, she stopped to steady herself, and stepped off the line. I then asked her how many steps I asked her to take, and she replied, "9." I also asked her how I wanted her to take her steps, and she replied, "heel-to-toe." I once again explained the instructions and showed her I wanted her feet to touch heel-to-toe. On her second attempt, she again did not step heel-to-toe, and she took more than 9 steps forward and back.</p> <p>I then explained the next task, One Leg Stand. After explaining and demonstrating the task, Ginger advised she understood and did not have any questions. She raised her right foot and balanced on her left leg. She lost her balance several times and kept putting her foot down. She also used her arms to balance.</p> <p>The next task was the Finger to Nose (L-R-L-R-R-L). After I explained and demonstrated the task, she advised she understood. She showed me she knew what hand was her left and right. She also showed me she knew what her index/pointer finger was, and where the tip of her nose was. She advised she has done this task before with her clients. Before I asked her to begin, she started touching her nose and missed the tip. On her first left, she used her left finger to touch her nose and then used her right finger to touch her</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>GENDEN, ERIC BRADLEY</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p>03/27/2025</p> <p>DATE</p> </div> <div style="width: 45%; text-align: right;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>HARRISON, DANIELLE MARIE (856)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>03/27/2025</p> <p>DATE</p> </div> </div>									
								PAGE 2 OF 3	

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 FLO500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2025-003529						
Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:					
Name (Last, First, Middle) CHOVINARD, GINGER L		Alias		Race W	Sex F	Date of Birth 08/15/1969			
<p>nose without me telling her to. She was swaying the entire time.</p> <p>The next task was the Rhomberg Alphabet. Ginger advised she could recite the English alphabet from A-Z without skipping letters and without singing it. She recited the alphabet incorrectly several times. At one point, she stopped at "Y" and could not complete the alphabet.</p> <p>The final task was the Rhomberg Balance (estimate 30 sequence). After I explained the instructions, Ginger advised she understood and did not have any questions. Ginger estimated the passage of 30 seconds in 16 seconds.</p> <p>Based on my observations, I developed probable cause to arrest Ginger Chouinard for DUI. I handcuffed Ginger, checked for tightness and proper fit. I conducted a search of her person and then placed her into my marked patrol vehicle. I transported her to BRPD booking. Ofc. Bagwell responded as the BAT operator. A 20-minute observation was conducted on Ginger, and then she was brought into the BRPD BAT room. I asked Ginger to provide a breath sample. Ginger advised she would not provide a breath sample. I then read her Florida Implied Consent Warnings. Ginger advised she understood and then agreed to provide a breath sample. Ginger provided two breath samples of 0.135 and 0.129. I then read her Constitutional Warnings from a preprinted card issued by BRPD. Ginger advised she understood and declined to answer any questions. See DUI Influence report.</p> <p>Ginger Chouinard is being charged with DUI pursuant to F.S.S. 316.193(1)(a). Ginger was issued a citation by Ofc. Reissi for driving to avoid a traffic control device (#A8F1C7E) and for no insurance carried (#A8F1C8E). I issued Ginger a DUI citation (#AJVISQE). Ginger was transported to Palm Beach County Jail without issue.</p>									
SWORN AND SUBSCRIBED BEFORE ME GENDEN, ERIC BRADLEY <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 03/27/2025 <small>DATE</small>				 <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> HARRISON, DANIELLE MARIE (856) <small>NAME OF OFFICER (PLEASE PRINT)</small> 03/27/2025 <small>DATE</small>					<small>PAGE</small> 3 OF 3

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STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

Case#- 2025-3529

Chouinard, Ginger L

DUI INFLUENCE REPORT

FL DL- C563292697950

8/15/69



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 26th day of March, at 2355 PM
Subject: Chouinard, Ginger Case Number: 2025-3529

PERSONAL CONTACT

Driving Pattern: See P.C.

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

See P.C.

Horizontal Gaze Nystagmus:

- ☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation

- ☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____

(date) by _____

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

Signature of Arresting Officer

Name of Officer (print)

ARRESTING OFFICER: Harrison #856

Off. Hetchen Name: Hetchen Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: Driving Pattern, SFST's

Off. Bagwell Name: Bagwell Phone # " Work # _____

Address: "

Can testify to: BTO

Off. Reissi Name: Reissi Phone # " Work # _____

Address: "

Can testify to: SFST's, Driving pattern

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2025-3529

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday, March, 27, 2025.
12 (day) (month) (date) (year)

B. The time is now approximately 1225 AM/PM.

C. The following is in reference to case number 2025-3529.

D. Present at this time is Ofc. Harrison of the Boca Raton Police Department.
(Officer's Name)

E. Officer Harrison, have you arrested Ginger Chouinard in violation of
Florida State Statute 316.193? yes (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Chouinard, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. 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.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: _____ *Read on camera*

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

N/A

Rights of suspects prior to custodial questioning.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Ginger Chouinard

CASE #: 2025-3529 DATE: 3/27/25

BREATH TEST RESULTS

1) TIME 0.135 (0031) AM/PM 2) TIME 0.129 (0034) AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Bagwell

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Read on camera Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain: _____

Are you sick or injured? ☐ Yes ☒ No If yes, explain: _____

Do you limp? ☐ Yes ☐ No

Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No

Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No

Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0040 AMPM.

The date is March, 27, 2025
(month) (day) (year)

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 03/27/2025

DOB: 08/15/1969 Sex: F

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:29
Air Blank	0.000	00:29
Control Test	0.078	00:30
Air Blank	0.000	00:30
Subject Sample #1	0.135	00:31
Air Blank	0.000	00:32
Air Blank	0.000	00:34
Subject Sample #2	0.129	00:34
Air Blank	0.000	00:35
Control Test	0.079	00:35
Air Blank	0.000	00:36
Diagnostics Check	OK	00:36

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 KIRBY L BAGWELL, 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:

Signature

Date:

Sworn to (or affirmed) before me this 21 day of March, 2023

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.



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	☐			
	☐			
	☐		I	
	☐			

REVIEW COMPLETED BY

Booking Number: 2025007928	Date: 3/27/2025
	Specialist Name/ID#: MTooks #8557