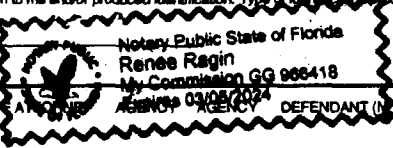


ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached
 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

Juvenile ☒ N

OBS Number		Agency ORI Number FLO: 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 1-23-079830	
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	
Location of Arrest (Including Name of Business) CRESTWOOD BV AND CRESTWOOD SQUARE		Location of Offense (Business Name, Address) CRESTWOOD BV AND CRESTWOOD SQUARE, ROYAL PALM BEACH FL 33411					
Date of Arrest 06/17/2023		Time of Arrest 1851		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle KELLE'S TOWING			
Name (Last, First, Middle) Ennis, Heather, Ann							
Race W - White 1 - American Indian B - Black O - Oriental/Asian W							
Sex F		Date of Birth 10/25/1952		Height 5'05		Weight 115	
Eye Color BLUE		Hair Color BLON		Complexion FAIR		Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status Divorced		Religion CHRISTIAN	
Local Address (Street, Apt. Number) 12434 Guilford Way, Wellington, FL 33414				Mobile Phone (561) 373 4545		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 				Phone 		Address Source DEFENDANT	
Business Address (Name, Street) 				Phone 		Occupation RETIRED	
D/L Number, State E520321528850, FL		Soc. Sec. Number 		INS Number 		Place of Birth (City, State) STUEBENVILLE OH	
Citizenship US							
Co-Defendant (Last, First, Middle) 		Race		Sex		Date of Birth	
Co-Defendant (Last, First, Middle) 		Race		Sex		Date of Birth	
Parent Legal Custodian Other: 		Name (Last) 		(First) 		(Middle) 	
		Address (Street, Apt. Number) 		(City) 		(State) 	
				(Zip) 		Residence Phone 	
						Business Phone 	
Notified by: (Name) 		Date 		Time 		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated	
Released to: (Name) 		Relationship 		Date 		Time 	
The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 365-5511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)				School Attended 		Grade 	
Property Crime? ☐ Yes ☐ No		Description of Property 				Value of Property 	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
M. Manufacture/ Produce/ Cultivate		Z. Other		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		Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1)A	
Drug Activity N		Drug Type N		Amount / Unit 		Offense # 23-079830	
						Warrant / Capias Number 	
						Bond OR	
Charge Description 		Counts 		Domestic Violence ☐ Y ☒ N		Statute Violation Number 	
Drug Activity 		Drug Type 		Amount / Unit 		Offense # 	
						Warrant / Capias Number 	
						Bond 	
Charge Description 		Counts 		Domestic Violence ☐ Y ☒ N		Statute Violation Number 	
Drug Activity 		Drug Type 		Amount / Unit 		Offense # 	
						Warrant / Capias Number 	
						Bond 	
Charge Description 		Counts 		Domestic Violence ☐ Y ☒ N		Statute Violation Number 	
Drug Activity 		Drug Type 		Amount / Unit 		Offense # 	
						Warrant / Capias Number 	
						Bond 	
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406							
Court Date and Time Month JULY Day 6 Year 2023 Time 0800 A.M. ☒ P.M. ☐							
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] 06/17/2023 Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed							
I consent to receive text reminders of court date(s) and times for this case via automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. [Signature] Signature							
HOLD for other subject NO DETAINER		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) (PRINT)		PAGE 1 OF 1	
☐ Dangerous ☐ Sublethal		☐ Resisted Arrest ☐ Other: 06/17/2023		Name of Arresting Officer (Print) INV. E.K. WHITE		I.D. # 7209	
Initials, Deputy [Signature]		Transporting Officer INV. E.K. WHITE 7209		I.D. # PBSO		Agency PBSO	
Witness here if subject signed with an "X"							

OBS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Copies		1		Juvenile		N		
ADMIN	Agency ORI Number		Agency Name				Agency Report Number							
	FLO. 5 0 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE				23-079830							
CHARGES	Charge Type		1 Felony		3 Misdemeanor		5 Ordinance		Special Notes					
	Check as many as apply		2 Traffic Felony		4 Traffic Misdemeanor		6 Other							
DEF	Name (Last, First, Middle)								Race		Sex		Date of Birth	
	Ennis, Heather, Ann								W		F		10/25/1952	
CHARGES	Charge Description				316.193(1)A				Charge Description					
	DUI													
VICTIM	Victim's Name (Last, First, Middle)								Race		Sex		Date of Birth	
VICTIM	Local Address (Street, Apt Number)				(City)		(State)		(Zip)		Phone		Address Source	
VICTIM	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation	
<p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.</p> <p>The Person taken into custody:</p> <p>☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p>☐ confessed to _____ ☒ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17</u> day of <u>JUNE</u> 20 <u>23</u> at <u>1747</u> ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)</p>														
<p>☐ Marry's Law CVI FL. Const. Art. I § 16(b)</p> <p>On Saturday, June 17, 2023 at approximately 1750 hours, I was dispatched to Crestwood and Southern Boulevard (Bv) in reference to a "Mobile Eyes" complaint of a vehicle failing to drive safely and ultimately striking a concrete curb on Crestwood Bv. Communication further advised the complainant is an off duty State Trooper driving in his personal vehicle. Upon my arrival I noticed the complainant's personal vehicle stopped behind a white vehicle, bearing current Florida license plate Y63 RTY". Deputy Phillip P. Duncan's patrol vehicle was behind the vehicles with his emergency lights activated. All vehicles were facing north in the inside lane of Crestwood Bv. I made contact with the complainant whom I know personally by working in this profession. He wrote a sworn witness statement detailing the vehicle's erratic travel and watching it strike the curb.</p> <p>I made contact with the driver who was currently seated in the driver seat of the previously mentioned vehicle. She was later identified as Heather Ann Ennis by her Florida driver license. I noticed her eyes were watery and glossy. Her mouth was dry and she slurred her speech while speaking. Her movements were slow and lethargic. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. She was wearing white shorts, a brown flowery shirt and white/pink flip flops. I told her a complaint was made against her vehicle traveling erratically and drifting out of its lane. Moreover I explained I had a suspicion she had drank an unspecified amount of alcoholic beverages. She admitted to drinking wine in the Anchorage. Based on my suspicion I asked if she would perform Standardized Field Sobriety Tasks to determine if she were impaired while operating their vehicle. She obliged. I positioned my patrol car on the west shoulder of the roadway to utilize the sidewalk for the SFSTS. D/S Duncan had her exit her vehicle and walk over to the sidewalk. As she walked toward me I watched her struggle to keep her balance. As we stood on the sidewalk I could now smell a strong odor of an unknown alcoholic beverage coming from their breath. Prior to her performance I asked if she had any physical limitation with her body and if she was taking medication. She told me she was fine.</p>														
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				INV. E.K. WHITE									
	(Signature of Arresting/Investigating Officer)													
ADMINISTRATIVE	The foregoing instrument was sworn to, confirmed and subscribed before me this <u>17</u> day of <u>JUNE</u> 20 <u>23</u> by <u>INV. E.K. WHITE</u>													
	(Print name of Arresting/Investigating Officer, who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN LEO</u>													
Notary Public, Clerk of Court, Officer (F.B.I.), 117.1 (b)								<div style="text-align: right;">PAGE <u>1</u> OF <u>2</u></div>						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF JUNE 20 23, AT 1747 AM PM

SUBJECT: Ennis, Heather, Ann CASE NUMBER: 23-079830

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. E.K. WHITE

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

ADMITTED TO DRINKING WINE

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM THEIR BREATH.

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: LETHARGIC, INATTENTIVE, COOPERATIVE, FEISTY

CLOTHING: NORMAL

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. E.K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of JUNE 20 23 by INV. E.K. WHITE

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

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



SUBJECT: Ennis, Heather, Ann

CASE NUMBER 23-079830

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



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:

Defendant was asked to stand erect with their feet together. They were told to remain in this position until the task was completed. They were asked to identify the stimulus that was held in front of their face. Afterward they were asked to follow the stimulus with their eyes and not to turn their head. They understood the instructions. The defendant showed equal pupil size and had no resting Nystagmus. During the tasks the defendant lacked smooth pursuit in both eyes. The defendant turned their head to assist in following the stimulus. Defendant had to be reminded not turn their head and keep their feet together. The defendant swayed while performing this task. She ultimately did not complete this task.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL POSITION FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject used the wrong hand to start this task. She failed to touch the tip of her finger to the tip of her nose on all six attempts. On one occasion she touched the lens of her glasses. The other she touched the bridge and sides of her nose with the pad of her finger

PALM PAT:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL POSITION FOR THE PALM PAT. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant did not start slow and increase her speed as instructed. She double pat her hands and slapped them.

BREATH TEST RESULTS:

1) .204

2) .213

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. E.K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of JUNE 2023 by INV. E.K. WHITE

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Ennis, Heather A. CASE NUMBER: 23-079830

DATE: Jun 17, 2023 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 19:51 ENDING TIME: 20:02

BREATH TESTS RESULTS: 1) .204 TIME 19:55 A.M. ☐ P.M. ☒ 2) .213 TIME 19:58 A.M. ☐ P.M. ☒

3) N/A TIME A.M. ☐ P.M. ☐ 4) N/A TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, agitated, cranky, slow, unsteady on feet

CLOTHING: White shorts, pink & white camo shirt, pink flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & red
odor of unknown alcoholic beverage on breath
Subject stated she had wine

COMMENTS:

Arrived at center A/O started 20 minute observation period at 19:28 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated she understood her rights.

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

NO Q&A conducted.

SUBJECT: E. H. 7. 1. 1. 7.

CASE NUMBER: 0. 1. 1. 0

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: Emil H. White 7

CASE NUMBER: 2017100

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: INV. F. L. WHITE 729

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



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

PBSO CASE # 23-079830

PBSO ZONE 9-21

AGENCY CASE # _____

CRASH CASE # _____

TIME OF STOP/CRASH 1747

DATE 06/17/2023

DAY Saturday

SUBJECT'S NAME Ennis, Heather, Ann

RACE W

SEX F

HGT 5'05

WGT 115

DOB 10/25/1952

LOCATION CRESTWOOD BV AND CRESTWOOD SQUARE

ARRESTING OFFICER'S NAME & ID INV. E.K. WHITE (7209)

AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY

19:28

ARREST TIME

1851

BREATH RESULTS:

1) .204

2) .213

3) _____

4) _____

TESTING OFFICER'S ID

16877

PBSO VIDEOTAPE #

N/A

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: 80-006239 Software: 8100.27
Date of Test: 06/17/2023

Date of Last Agency Inspection: 05/19/2023
Observation Period Began: 19:28
Subject's Name: HEATHER A ENNIS

DOB: 10/25/1952 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	19:53
	Air Blank	0.000	19:54
	Control Test	0.079	19:54
	Air Blank	0.000	19:55
	Subject Sample #1	0.204	19:55
	Air Blank	0.000	19:56
	Air Blank	0.000	19:58
	Subject Sample #2	0.213	19:58
	Air Blank	0.000	19:59
	Control Test	0.079	19:59
	Air Blank	0.000	20:00
	Diagnostics Check	OK	20:00

Cylinder Lot: 08622080A1
Exp: 06/05/2024

State of Florida, County of Palm Beach

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

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

Breath Test Operator: _____ Date: 06/17/23
Signature

Sworn to (or affirmed) before me this 17 day of June, 2023

Signature of Notary Public-State of Florida Inv. E.K. White #7209
Printed Name of Notary Public-State of Florida

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

WITNESS LIST

CASE NUMBER: 23-079830

ARRESTING OFFICER: INV. E.K. WHITE

ADDRESS: CID/DUI

PHONE NUMBERS (HOME): (863) 227-4287 (WORK) _____

CAN TESTIFY TO: FACTS

NAME: TPR. RONALD LOGAN

ADDRESS: 1299 WEST LANTANA RD LANTANA FL 33462

PHONE NUMBERS (HOME) _____ (WORK) 561 662 7267

CAN TESTIFY TO: CALLING IN THE "MOBILE EYES" COMPLAINT

NAME: D/S PHILLIP DUNCAN

ADDRESS DIST 9

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: RESPONDING TO THE CALL

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2023015914	Date: 6/18/2023
	Specialist Name/ID: M. Toaks #8557