50-2025-CT-017768AMB

05630334

2136

☐ **Marsy's Law CVI** FL. Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

Juvenile: 1

ADMINISTRATION

Agency ORI Number: FL0500600

Agency Name: PALM BEACH POLICE DEPARTMENT

Agency Report Number: 76-2025-0039652

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized/Type ☐ Yes ☐ No Type:

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): S. County RD & A1A Town of Palm Bch

Location of Offense (Business Name, Address): 500 FT OCEAN & COUNTY, PB

Date of Arrest: 11/15/25

Time of Arrest: 2052

Booking Date:

Booking Time:

Jail Date:

Jail Time:

Location of Vehicle: RAFF's Towing

DEFENDANT

Name (Last, First, Middle): WEISS, JILL

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian, B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	12/13/39	5'02	92	BRO	BLON	MED	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): None

Marital Status: WIDOW

Religion: None

Indication of: Alcohol Influence Y ☐ N ☐ Unk. ☐ Drug Influence ☐

Local Address (Street, Apt. Number): 2778 S Ocean BV (City): Palm Beach (State): Florida (Zip): 33480

Phone: 561 512 2662

Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State): Florida (Zip)

Phone ( )

Address Source: DL

Business Address (Street, Apt. Number) (City) (State) (Zip)

Phone ( )

Occupation: Retired

D/L Number, State: W226127138000

[redacted] Number

Place of Birth (City/State): NY New York US Citizenship

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle)

Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip)

Business Phone ( )

Notified by: (Name) Date Time

Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated

Released To: (Name) Relationship FCIC/NCIC 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 informed of any change of address:
☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No

Description of Property

Value of Property

CODE

Recovery Information: 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other

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. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐ Yes ☒ No	316.193(1)A	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A		20250039625		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
LEAVING SCENE OF ACCIDENT	1	☐ Yes ☒ No	316.061 (1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A				

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.

Location (Court Room Number, Address): 3228 Gun Club RD WPB, FL 33406

Court Date and Time: Month 12 Day 11 Year 2025 Time 0830

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: 11/16/25

ADMIN.

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: M HONAKER 7004 I.D. # Pouch #

Signature of Arresting Officer X 110432

Name of Arresting Officer (Print): I.D. #

Transporting Officer: I.D. # 110432 Agency PBPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF NOVEMBER 20 25 AT 2027 AM (PM)

SUBJECT: WEISS, JILL R CASE NUMBER: 2025-00039057

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: R. RIBOTTA

PERSONAL CONTACT

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

SUBJECT DROVE THROUGH TWO POLICE BARICADES AND CRASHED INTO CONCRETE BARRICADE AND CONTINUED DRIVING UNTIL STOPPED BY POLICE AT A 3RD BARRICADE.

OBSERVATION OF DRIVER:

UPON CONTACTING DRIVER, SHE HAD RED BLOODSHOT WATERY EYES, SHE WAS STRUGGLING TO MAINTAIN BALANCE, SUBJECTS SPEACH WAS SLIGHTLY SLURRED. SUBJECT HAD A LIGHT ODOR OF ALCOHOLIC BEVERAGE EMMITING FROM HER BREATH.

DRIVER'S STATEMENTS:

WEISS STATED SHE HAD ONE LARGE VODKA TONIC @ DINNER TO HELP DULL HER KNEE PAIN. SHE STATED SHE DID [redacted] FEEL THE EFFECTS OF THE ALCOHOL RP

ODORS:

LIGHT ODOR EMMITING FROM HER BREATH OF ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SPEECH: SLIGHTLY SLURRED

ATTITUDE: GOOD ATTITUDE

CLOTHING: CLEAN

MEDICAL/OTHER: WAS MEDICALLY CLEARED FROM ACCIDENT

STATE OF FLORIDA
COUNTY OF PALM BEACH

[signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of NOVEMBER 20 25 by OFC. R. RIBOTTA

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

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

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

NOT A CERTIFIED COPY

SUBJECT: WEISS, JILL R CASE NUMBER: 2025-00039652

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

❑ LEFT EYE DOES NOT FOLLOW SMOOTHLY

❑ LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS

❑ DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

❑ RIGHT EYE DOES NOT FOLLOW SMOOTHLY

❑ RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS

❑ DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY?

WALK AND TURN: - DID NOT FOLLOW DIRECTIONS STARTING TOO SOON STUMBLED DURING DIRECTIONS, DID NOT HEEL TO TOE, DID NOT COUNT STEPS, TOOK 12 STEPS, FELL OFF LINE TWICE

CAN NOT DO, WHY?

ONE LEG STAND: SWAYED DURING INSTRUCTION, COULD ONLY HOLD TOE UP FOR A COUNT OF TWO TWICE. STOPPED TEST SO SHE WOULDN'T FALL DOWN

CAN NOT DO, WHY?

FINGER TO NOSE: TOUCHED SIDE OF NOSE, MISSED NOSE, USED WRONG HAND ONE REQUEST, WAS SWAYING BACK AND FOURTH APPROXIMATELY 4 INCHES

CAN NOT DO, WHY?

ROMBERG/ALPHABET:

CAN NOT DO, WHY?

BREATH TEST RESULTS: .052 / .052

STATE OF FLORIDA
COUNTY OF PALM BEACH
THE FOLLOWING INSTRUMENT WAS NOTARIZED OR ATTESTED BEFORE ME THIS 11/15/2025 (DATE)

BY: REED RIS

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10) SIGNATURE OF ARRESTING OFFICER

PBSO #01289 REV 09/03 WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES ✓ NO ___

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Urine Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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.

Will you take the test? YES_____ NO_____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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✓ NO_____

Do you still refuse to submit to this test? YES_____ NO✓

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126UR REV 09/25

NOT A CERTIFIED COPY

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? Yes

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? A1A

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? 2306

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? N 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? Yes

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?	N
GLASS EYE?	N
FALSE TEETH?	N
EAR INFECTION?	N
INNER EAR TROUBLE?	N
DIABETES?	N

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

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

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

INTERVIEWER: _____

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

PBSO #0129C REV. 9/93

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH COUNTY SO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 11/15/2025

Date of Last Agency Inspection: 11/14/2025
Observation Period Began: 22:14
Subject's Name: JILL R WEISS DOB: 12/13/1939 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	22:53
Air Blank	0.000	22:53
Control Test	0.080	22:53
Air Blank	0.000	22:54
Subject Sample #1	0.052	22:55
Air Blank	0.000	22:55
Air Blank	0.000	22:57
Subject Sample #2	0.052	22:58
Air Blank	0.000	22:58
Control Test	0.080	22:59
Air Blank	0.000	22:59
Diagnostics Check	OK	22:59

Cylinder Lot: 19825080A2
Exp: 09/05/2027

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 MADELIN GONZALEZ, 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: 11.15.25
Signature

Sworn to (or affirmed) before me this 15 day of NOVEMBER 2025

_____ OFC R. RIBOTTA
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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WITNESS LIST

CASE NUMBER: 25-0339652

ARRESTING OFFICER R. RIBOTTA

ADDRESS 245 COUNTY PALM BEACH

PHONE NUMBERS (HOME) 480-751-9357 (WORK)

CAN TESTIFY TO: FACTS

NAME: SGT FRAZIER #9554 PBSO

ADDRESS 3228 GUN CLUB RD WEST PALM BEACH

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

CAN TESTIFY TO: [illegible] VEHICLE [illegible]

NAME: DEPUTY FOWLER 115064 PBSO

ADDRESS 3228 GUN CLUB RD WEST PALM BEACH

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

CAN TESTIFY TO: [illegible] DEFENDANT DRIVING VEHICLE

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

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TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: WEISS, JILL R

CASE NUMBER: 25-116480

DATE: Nov 15, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:50

ENDING TIME: 23:13

BREATH TESTS RESULTS: 1) .052 TIME 22:55 A.M.☐ P.M.☒ 2) .052 TIME 22:58 A.M.☐ P.M.☒

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

BREATH OPERATOR: M. GONZALEZ #40577

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM,QUIET

CLOTHING: BLACK PANTS, BLACK SHIRT, BLACK SHOES

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: LISINOPRIL

OTHER:

SUBJECT STATED SHE HAD A DRINK (VODKA) AT THE YACTH CLUB.

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:14 HRS.

SUBJECT: AGREED TO TAKE TEST.

TECH: READ TEST RESULTS
SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

A/O: ASKED FOR URINE SAMPLE (23:02 HRS)
SUBJECT: AGREED TO PROVIDE URINE SAMPLE

A/O: READ I/C
SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO PROVIDE URINE SAMPLE (23:05 HRS)

A/O: READ RIGHTS
SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q & A
SUBJECT: ANSWERED QUESTIONS

SUBJECT: PROVIDED A URINE SAMPLE AT (23:16 HRS)
NO DRE CONDUCTED

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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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2025030709	**Date:** 11/16/2025
	Specialist Name/ID#: C.Daniels 30347