50-2023-CT-015764 ASB

# ARREST / NOTICE TO APPEAR

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

**ADMINISTRATION**

| OBTS Number | Agency ORI Number | Agency Name | Agency Report Number (N.T.A.'s only) |
|---|---|---|---|
| | 0500400 | Delray Beach Police Department | 40 23-011600 |

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: 1

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| I-95/W ATLANTIC AVE, DELRAY BEACH, FL | 500 W ATLANTIC AVE, DELRAY BEACH, FL 33444 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 09/01/2023 | 02:42 | 09/01/2023 | 02:52 | 09/01/2023 | 05:23 | I-95/W ATLANTIC AVE |

**DEFENDANT**

Name (Last, First, Middle): HARRINGTON, LAURA MARIE — Alias:

| Race (W - White, B - Black, I - American Indian, O - Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | F | 09/20/1982 | 5'08 | 165 | HAZEL | RED OR | LIGHT | MEDIUM |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status | Religion: NOT INDICA | Indication of Alcohol Influence / Drug Influence: Yes ☒ No ☐ Unk ☐

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Residence Type (1 City, 2 County, 3 Florida, 4 Out of State) |
|---|---|---|
| 304 LAKEVIEW DR E, ROYAL PALM BEACH, FL 33411 | (917) 533-4027 | 2 |

| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 304 LAKEVIEW DR E, ROYAL PALM BEACH, FL 33411 | (917) 533-4027 | FL DL |

Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| H652533828400 / FL | [redacted] | | NEW YORK, NY, United | US |

**CO-DEF**

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

**JUVENILE**

☐ Parent ☐ Other: ☐ Legal Custodian — 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 Department and Released, 2 TOT JAC, 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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No.

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

**CODE**

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. 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**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DUI BREATH ALCOHOL .08 OR MORE PER 210L | 316.193(1)(C) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| N | | / | | 1 | ☐ Y ☒ N | | |

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

**INTAKE**

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported: / / : : — Time Transported — Other

**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 Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 10/05/2023 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

**ADMIN**

HOLD for Other Agency — Signature of Arresting Officer — Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other

Name of Arresting Officer (Print): WINDSOR, NICHOLAS — I.D. #: 1029 — (PRINT)

Intake Deputy — I.D. # — Pouch # — Transporting Officer: WINDSOR — I.D. #: 1029 — Agency: DBPD

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

FILED PBC - CLERK
23 SEP 2 AM 7:55

NOT A CERTIFIED COPY

05433417

324

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF September 20 23, AT 0200 ☑AM ☐PM

SUBJECT: Harrington, Laura Marie CASE NUMBER: 23-011600

AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

## PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 09/01/23 at 0200hrs I was in the 500 block of W. Atlantic Ave. conducting a traffic stop in my marked Delray Beach Patrol Vehicle. My emergency lights were activated and my patrol vehicle was stopped in the outside westbound travel lane. DBPD Ofc. Pierre's marked DBPD patrol vehicle was parked directly behind my patrol vehicle. Ofc. Pierre's patrol vehicle's emergency lights were also activated. After I concluded the traffic stop, I returned to my patrol vehicle and observed a white 2019 Mercedes GLA (FL Tag #18BJED) pass my patrol vehicle in the inside travel lane. I estimated the speed of the Mercedes at 50mph. The posted speed limit was 35mph and the Mercedes approached a slower vehicle in the inside travel lane. The Mercedes made an aggressive lane change in the 600 block of W. Atlantic Ave. weaving around the slower vehicle. The Mercedes re-entered the inside travel lane only to have to stop at a red traffic signal at the intersection of NW 8th Ave. Once the traffic signal turned green, the Mercedes accelerated rapidly and I attempted to establish a pace of speed for the Mercedes in the 1000 block of W. Atlantic Ave. I was traveling at 60mph and the Mercedes continued at a faster speed increasing the distance between my patrol vehicle and the Mercedes. I observed the Mercedes merge onto the westbound interchange located at I-95. I activated my emergency lights on my patrol vehicle on the northbound entrance ramp to conduct a traffic stop. The Mercedes did not stop and changed lanes from the outside lane to the inside lane of the entrance ramp. The entrance ramp was equipped with a marked shoulder where a vehicle could safely stop and the Mercedes continued north up the ramp. The Mercedes finally came to rest in the northbound merge lane where it was open to other motor vehicle traffic. I had to exit my patrol vehicle and order the white female driver to pull over to the shoulder where it was safe. Once on the shoulder, I met with the white female driver and identified her by her FL DL as Laura Marie Harrington. Harrington was sitting in the driver seat with the vehicle engine running and was in possession of the vehicle fob. There was an intoxicated black female passenger in the rear seat lying down unrestrained. The female passenger was transported by DBFD to a hospital due to her level of intoxication.

### OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Harrington. Harrington's eyes were red and had a glassy appearance. Harrington spoke with an accent and her speech was slurred. Harrington spoke rapidly and her statements were repetitive. Harrington was disheveled and had me a New York registration instead of the Florida Vehicle Registration I requested. I explained and described to Harrington what paperwork I was requesting. Harrington was unable to locate the registration after several searches. I requested Harrington perform roadside tasks and she intially would not answer if she would perform the roadside tasks. I informed Harrington of Taylor Warning and she stated she understood Taylor Warning. After Taylor Warning was advised, Harrington agreed to perform roadside tasks. After exiting the Mercedes, Harrington was unsteady on her feet and she requested to remove her shoes. I still smelled an odor of an unknown alcoholic beverage coming from Harrington. I told her she could remove the shoes if she felt more comfortable. Harrington sat on the guardrail and removed one of her shoes and then just sat on the guardrail. I asked Harrington several times if she was gong to wear shoes or take them off and Harrington would not answer what she wanted to do. After several requests for Harrington to decide what she wanted to do, Harrington stated she would rather wear flip flops and went to the trunk of the Mercedes. Harrington could not locate her flip flops and I ordered her to come back toward my patrol vehicle and Harrington walked in the different direction to where DBFD was treating the female passenger. Due to Harrington not following instructions and my safety concerns of the nearby interstate motor vehicle traffic, I placed Harrington under arrest.

### DRIVER'S STATEMENTS:

Harrington denied having any medical conditions or taking any prescription medications that would affect her ability to operate a motor vehicle. Harrington denied consuming any illegal drugs including marijuana. Harrington stated she consumed one glass of wine at Tramonti (119 E. Atlantic Ave., Delray Beach, FL 33444). Harrington denied consuming any other alcohol prior to driving. Harrington stated she was on her way home when I stopped her. I questioned Harrington about the traffic violations and Harrington stated she was from New York and she had a heavy foot. Harrington stated Florida drivers are "bullies" on the road and she has to driver aggressively.

During transport to the PBSO BAT, Harrington made several statements that I will see she killed herself on the news. Harrington made several more statements that she will kill herself within two days. Harrington stated I did not understand her mental health situation and didn't care about her. I notified the PBCJ staff of the suicidal threats upon booking.

### ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Harrington.

## GENERAL OBSERVATIONS

SPEECH: Accent and Slurred

ATTITUDE: Argumentative and Uncooperative

CLOTHING: Black Shirt and White Pants

MEDICAL/OTHER: None Stated

**STATE OF FLORIDA**
**COUNTY OF PALM BEACH**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of September 20 23 by Ofc. Windsor #1029

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

**SUBJECT:** Harrington, Laura Marie **CASE NUMBER** 23-011600

**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:**

Not performed due to Harrington not following instructions and safety concerns on the roadway.

WALK & TURN:

Not performed due to Harrington not following instructions and safety concerns on the roadway.

ONE LEG STAND:

Not performed due to Harrington not following instructions and safety concerns on the roadway.

FINGER TO NOSE:

Not performed due to Harrington not following instructions and safety concerns on the roadway.

ROMBERG ALPHABET:

Not performed due to Harrington not following instructions and safety concerns on the roadway.

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**BREATH TEST RESULTS:** 1) .199 | 2) .193 | 3) | 4)

**STATE OF FLORIDA**
**COUNTY OF PALM BEACH**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of September 20 23 by Ofc. Windsor #1029

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972039
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

# WITNESS LIST

CASE NUMBER: 23-011600

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC VIOLATIONS AND DUI PC

NAME: OFC. PIERRE #1242 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 334444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: BACKUP OFFICER AND VEHICLE TOW

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) _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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

PBSO CASE # 23-105580 PBSO ZONE 4-12

AGENCY CASE # 23-011600 CRASH CASE # N/A

TIME OF STOP/CRASH 0200 DATE 09/01/23 DAY FRIDAY

SUBJECT'S NAME HARRINGTON, LAURA MARIE RACE W SEX F

HGT 09/20/82 WGT 165 DOB 09/20/82

LOCATION I-95/W ATLANTIC AVE, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 6310

ARREST TIME 0242

BREATH RESULTS:

1) .199

2) .193

3)

4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

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# 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: 80-006029 Software: 8100.27
Date of Test: 09/01/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 03:10
Subject's Name: LAURA M HARRINGTON DOB: 09/20/1982 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 | 03:34 |
| Air Blank | 0.000 | 03:35 |
| Control Test | 0.078 | 03:35 |
| Air Blank | 0.000 | 03:35 |
| Subject Sample #1 | 0.199 | 03:37 |
| Air Blank | 0.000 | 03:38 |
| Air Blank | 0.000 | 03:40 |
| Subject Sample #2 | 0.193 | 03:40 |
| Air Blank | 0.000 | 03:41 |
| Control Test | 0.077 | 03:41 |
| Air Blank | 0.000 | 03:42 |
| Diagnostics Check | OK | 03:42 |

Cylinder Lot: 15922080A3
Exp: 08/05/2024

State of Florida, County of Palm Beach,

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

I SHARI L O'NEAL, 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: S. O'Neal Date: 09-01-23
Signature

Sworn to (or affirmed) before me this 01 day of September, 2023

Signature of Notary Public-State of Florida

Ofc. Windsor #1029
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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# TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC.WINDSOR #1029

SUBJECT: HARRINGTON, LAURA M.

CASE NUMBER: 23-105580

DATE: 09-01-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:31 HRS

ENDING TIME: 03:43 HRS

BREATH TESTS RESULTS: 1) .199 TIME 03:37 A.M. ☒ P.M. ☐ 2) .193 TIME 03:40 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: S. O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: LOUD , PRONOUNCED

ATTITUDE: VERY TALKATIVE, COOPERATIVE, MOODSWINGS

CLOTHING: SHIRT- BLACK PANTS- WHITE/ DIRTY

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

**OTHER:**

EYES:RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

**COMMENTS:**

20 MIN. OBSERVATION CONDUCTED BY A/O WINDSOR #1029

A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D WAS HAVING A LITTLE DIFFICULTY, BUT SHE EVENTUALLY BLEW CORRECTLY TO COMPLETE THE TEST AFTER BEING INSTRUCTED SEVERAL TIMES ON HOW TO BLOW.
EXPLAINED THE BREATH RESULTS TO THE D.
C/W READ ON CAMERA TO THE D.

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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)_____

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

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: _____

NOT A CERTIFIED COPY

**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. | |
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| Other | ☐ | FL CONNSTITUTION ARTICLE 1,16(b) | Other: MARSY'S LAW | |
| | ☐ | | Other: | |

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| **Booking Number:** 2023022966 | **Date:** 9/2/2023 |
| | **Specialist Name/ID:** Pinkneya/7796 |