C5411666 23CT11687ANB 3035

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 23003441

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
4200-BLOCK BURNS RD, PALM BEACH GARDENS, FL, 33410	N MILITARY TRL/BURNS RD, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/04/2023	22:47					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): MCTYRE, MARCIA, LEIGH — Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/24/1964	5'0	110	BLU	BRO	LGT	SML

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status	Religion	Indication of:	Y	N	Unk.
SINGLE	NOT STATED	Alcohol Influence	☑	☐	☐
		Drug Influence	☐	☐	☑

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
10040 MERIDIAN WAY N #105, PALM BEACH GDNS, FL 33410	(561) 352-0783	1

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
10040 MERIDIAN WAY N #105, PALM BEACH GDNS, FL 33410		VERBAL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M-236-552-64-524-0 FL	[redacted]		WEST PALM BCH, FL	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
				☐ ☐	☐ ☐ ☐
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 / DYS 3. Incarcerated)

Released To: (Name)	Relationship	Date	Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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

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. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N			O R

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month AUGUST Day 9 Year 2023 Time 1000 AM ☒ PM

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: 07/04/2023

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: X

Name of Arresting Officer (Print): A. FLINK I.D. #: 514

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch #

Transporting Officer: OFC. FLINK ID #: 514 Agency: PBGPD

Witness here if signature refused with an "X"

PAGE 1 OF 1

FILED PBC - GUN CLUB - 23 JUL 5 AM 7:57

SCANNED

JUL 05 2023

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 23-003441

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MCTYRE, MARCIA LEIGH		W	F	01/24/1964

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

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

PROBABLE CAUSE STATEMENT

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.

The Person taken into custody . . .

☒ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 4 day of July, 2023 at 22:35 (Specifically include facts constituting cause for arrest.)

On 07/04/2023 at approximately 2235 hours, this Officer arrived in the area of the 4200-block of Burns Rd, PBG, FL, to assist Ofc Bitz 540 on a traffic stop. Body worn camera and in car video were used.

Ofc Bitz said he observed the vehicle, a Mitsubishi Outlander (ASLILY/FL) in the intersection of N Military Trl and Burns Rd, stopped beyond the stop bar. Ofc Bitz further stated the vehicle was south bound on N Military Trl, attempting a left-hand turn on to Burns Rd and stopped with rear wheels well beyond the stop bar. Ofc Bitz initiated a traffic stop on same at the location. This Officer approached the driver window and made contact with the driver and sole occupant, identified via Florida Driver License photo, Marcia Mctyre (OF), while she was still in actual physical control of same.

Mctyre had glassy watery eyes, low slurred speech, flushed red face and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Mctyre said she was coming from a friend`s house in Jupiter and was on her way home to Meridian Way. Mctyre admitted to consuming "a little, but not much" alcohol, when asked how much she drank, she replied "two" and said it was beer. Mctyre denied consuming Cannabis and/or narcotics on this night.

This Officer informed Mctyre of the concern she was driving under the influence and asked her to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which she complied. Mctyre appeared uneasy on her feet and walked with an unsteady gair. Mctyre said she did not have any medical conditions which would affect the exercises performed.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was a Streamlight Stylus with an illuminated red tip. Mctyre had a lack of smooth pursuit

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / DEPUTY CLERK

07/05/2023
DATE

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

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

07/05/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-003441

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MCTYRE, MARCIA LEIGH		W	F	01/24/1964

PROBABLE CAUSE STATEMENT

in both eyes. Mctyre did not follow instructions and during each pass she would either not follow the stimulus all the way or she would move her head.

The second exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. During the instructions, Mctyre had difficulty getting into and remaining in the starting position. Mctyre would not hold the starting position, rather she would remove her right foot from the line and remain this way. Mctyre also started the exercise two times prior to being told to begin. During the first set of steps, Mctyre stepped off the line with both feet when told to start. Mctyre missed heel-to-toe on all steps and kept her arms raised well over six inches from her sides for the attempt. Mctyre took 10 steps rather than nine. Mctyre conducted an improper turnaround by way of shuffling her feet. During the return set of steps, Mctyre paused to regain balance before beginning. Mctyre again missed heel-to-toe on all steps and again had her arms raised well over six inches from her sides. Mctyre took 10 steps rather than nine.

The third exercise conducted, was the One-Leg Stand. During the exercise, Mctyre raised her right foot. Mctyre swayed side-to-side, kept her arms raised well over six inches from her sides and placed her foot down three times, thus ending the exercise early.

Based on this Officer`s observations, Mctyre was placed under arrest at 2247 hours. During a tow inventory of the vehicle, this Officer located a half full bottle of Tito`s in Mctyre`s purse. The liquid in the bottle had the odor of an unknown alcoholic beverage. At PBSO BAT this Officer requested Mctyre provide a breath sample for the purpose of determining its alcohol content, to which she remained silent and shook her head. This Officer read Florida Implied Consent to Mctyre to which she acknowledged and consented. Mctyre provided an incomplete breath sample of .165 at 0010 hours and another incomplete sample of .157 at 0015 hours. These samples were both incomplete because Mctyre did not follow the instructions provided by PBSO Breath Tech Gonzalez. A failure to submit was called by this Officer at 0015 hours.

Based on the results of the investigation, this Officer has probable cause to charge Marcia Mctyre with driving under the influence to the extent her normal faculties were impaired, in violation of FSS 316.193(1)(A).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

07/05/2023
DATE

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

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

07/05/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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: 07/05/2023

Date of Last Agency Inspection: 06/23/2023
Observation Period Began: 23:30
Subject's Name: MARCIA L MCTYRE DOB: 01/24/1964 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	00:05
Air Blank	0.000	00:06
Control Test	0.081	00:06
Air Blank	0.000	00:07
Subject Sample #1	VNM*	00:10
Air Blank	0.000	00:10
Air Blank	0.000	00:12
Subject Sample #2	VNM**	00:15
Air Blank	0.000	00:16
Control Test	0.078	00:16
Air Blank	0.000	00:17
Diagnostics Check	OK	00:17

*Volume Not Met (0.165 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Volume Not Met (0.157 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 29122080A1
Exp: 12/05/2024

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 MADELIN GONZALES, 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: 07/05/23
Signature

Sworn to (or affirmed) and subscribed before me this 05 day of June, 2023

_____ OFC. A. PLANK
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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23003441

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, A. FLINK, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 4TH day of JULY, 20 23, at 22:47 ☑P.M. ☐A.M.

DRIVER MARCIA LEIGH MCTYRE,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # M-236-552-64-524-0, state of FL, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by A. FLINK and
(Name of Arresting Officer)

issued citation # AHU799E.

That on or about the 5TH day of JULY, 20 23, at 0015 ☐P.M. ☑A.M.

in PALM BEACH County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

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

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 5TH day of JULY, 20 23, by A. FLINK, who is personally known to me or who has produced _____ as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date 07/05/2023

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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EFFECTIVE OCTOBER 1, 2021

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 23- 085626 PBSO Zone: 3-13

Agency Case #: 23003441 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2227 Date of Incident: 07/04/2023 Day: TUESDAY

Location of Incident: N MILITARY TRL/BURNS RD, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 22:47 Date of Arrest: 07/04/2023 Day: TUESDAY

Location of Arrest: 4200-BLOCK BURNS RD, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) MCTYRE, (F) MARCIA, (M) LEIGH

DOB: 01/24/1964 Race: W Sex: F Height: 5'0 Weight: _____ Hair BRO Eye BLU

Address: 10040 MERIDIAN WAY N #105, PALM BEACH GDNS, FL 33410 Phone: (561) 352-0783

Arresting Officer's Name: A. FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC UNIT ☐ **Marcy's Law CVI** FL. Const. Art. 1 § 16(b)

Breath Results

1) .VNM .165 at _____ hrs.
2) .VNM .157 at _____ hrs.
3) _____ at _____ hrs.
4) _____ hrs.

REFUSED

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 2330

Subject Arrest Time: 22:47

Breath Test Operator: GONZALEZ 40577
PBSO

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TESTING FACILITY TASK REPORT

AGENCY: PALM BEACH GARDENS

SUBJECT: MCTYRE, MARCIA LEIGH

CASE NUMBER: 23-085626

DATE: Jul 4, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:02

ENDING TIME: 00:18

BREATH TESTS RESULTS: 1) .VNM TIME 00:10 A.M. ☒ P.M. ☐ 2) .VNM TIME 00:15 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: CRYING

CLOTHING: BLUE/WHITE STRIPE DRESS, NO SHOES

MEDICAL CONDITIONS: ASTHMA

MEDICATIONS: ABUTEROL

REFUSED

OTHER:

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COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:30 HRS.

SUBJECT: REFUSED TO TAKE TEST

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

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

A/O: CALLED REFUSAL AT 00:15

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

A/O: NO Q & A CONDUCTED

REFUSED

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)_____

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? _____

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: _____

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023017415	**Date:** 7/5/2023
	Specialist Name/ID: Chantel Daniels/30347