24 CT-8872 AMD

0549101

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

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: 1 | N

OBTS Number

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 24-059395 ( )

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: NONE

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
ROYAL PALM BEACH BLVD / TANGERINE BLVD, WEST PALM EACH , FL, 33412	ROYAL PALM BEACH BLVD / TANGERINE BLVD, WEST PALM EACH , FL, 33412

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/05/2024	00:02					Panther Towing, 7640 Hooper Rd, Unit 6, West Palm Beach, FL 33411

DEFENDANT

Name (Last, First, Middle): Vachier, Marcie, Marie

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

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	9/14/1986	5'02	180 lbs	brown	brown	fair	medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Single | Religion: CHRISTIAN | Indication of: Alcohol Influence, Drug Influence: Y ☒ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 13786 61st St N, West Palm Beach, FL 33412

Mobile Phone: (561) 506-0121

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

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

Phone: ( )

Address Source: DL/VERBAL

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

Phone: ( )

Occupation: Manager at Big Dog Rescue

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
V260553868340, FL	[redacted]		New Britain, Connecticut	USA

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant (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 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) 355-6511) 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/Denv. P. Paraphernalia/ Equipment S. Synthetic 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 / Capias Number	Bond
N	N		24-059395		

CHARGE

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

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

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): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month MAY Day 29TH Year 2024 Time 08:30 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 of Defendant (or Juvenile and Parent/Custodian) Date Signed: 05/05/2024

I consent to receive text reminders of court date(s) and times for this case by 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 MAY 5 at 4:28

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Inv. K. Barreras I.D. # 36798

Transporting Officer: Inv. K. Barreras I.D. # 36798 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an X

SCANNED MAY 05 2024

NOT A CERTIFIED COPY

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

PROBABLE CAUSE AFFIDAVIT

OBTS Number

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

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 24059395

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
Vachier Marcie Marie		W	F	09/14/1986

CHARGES

VICTIM

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

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 commit the below acts.

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

On the 5th day of May 2024 at 2325 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

On May 5, 2024, at approximately 2302 hours, I was dispatched 6483 Royal Palm Beach Blvd located in Village of Royal Palm Beach, FL 33412 reference a vehicle crash with a driver possibly under the influence. A DUI unit was monitoring and arrived shortly after my arrival.

I made contact with the sole occupant of the 2015 silver Toyota Scion (bearing FL tag Y27MLW). When I approached the vehicle, a white female later identified by FL DL Marcie Vachier (DOB 09/14/1986) was behind the wheel with the keys still in the ignition. Vachier stated she was driving home when another vehicle hit her. When I asked Vachier for her vehicle documents and FL DL, she had a very difficult time locating which I then assisted her. I asked Vachier if she needed any medication attention due to the slurred speech and possible face injury. Vachier said she was not injuried nor did she need medical attention. I notice Vachier had braces on her mouth and when I asked her if the braces casued her slurred speech due to being new, Vachier stated no she has had her braces for about three years. Also while talking with Vachier I could smell a strong odor of alcohol coming from her person with bloodshot/glassy eyes.

I requested a DUI unit to my location. DUI Investigator K. Barreras #36798 arrived on scene to investigate if the driver was cable of operating a motor vehicle on the roadway. See her report for more information. This concludes my involvement in this case; this is for supplemental purpose only.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S M. Hannah (ID #) 21301
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of April 20 24 by D/S M. Hannah 21301

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

DUI Investigator K. Barreras #36798

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

PBSO #0004 REV. 01/23 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF May 20 24, AT 23:02 hrs AM ✓ PM

SUBJECT: Vachier, Marcie, Marie CASE NUMBER: 24-059395

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. K. Barreras

PERSONAL CONTACT

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

On May 4th, 2024, at approximately 23:31 hours, I responded to a vehicle crash in the area of Royal Palm Beach Blvd and Tangerine Blvd involving a suspected impaired driver. I observed a Gray Nissan SUV with heavy front damage and a silver Toyota with right side damage. I met and spoke with Deputy M. Hannah #21301, who advised me of the incident and provided me with a sworn probable cause affidavit stating the following, "On May 5, 2024, at approximately 2302 hours, I was dispatched 6483 Royal Palm Beach Blvd located in Village of Royal Palm Beach, FL 33412 reference a vehicle crash with a driver possibly under the influence. A DUI unit was monitoring and arrived shortly after my arrival. I made contact with the sole occupant of the 2015 silver Toyota Scion (bearing FL tag Y27MLW). When I approached the vehicle, a white female later identified by FL DL Marcie Vachier (DOB 09/14/1986) was behind the wheel with the keys still in the ignition. Vachier stated she was driving home when another vehicle hit her. When I asked Vachier for her vehicle documents and FL DL, she had a very difficult time locating which I then assisted her. I asked Vachier if she needed any medication attention due to the slurred speech and possible face injury. Vachier said she was not injuried nor did she need medical attention. I notice Vachier had braces on her mouth and when I asked her if the braces casued her slurred speech due to being new, Vachier stated no she has had her braces for about three years. Also while talking with Vachier I could smell a strong odor of alcohol coming from her person with bloodshot/glassy eyes.
I requested a DUI unit to my location. DUI Investigator K. Barreras #36798 arrived on scene to investigate if the driver was cable of operating a motor vehicle on the roadway. See her report for more information. This concludes my involvement in this case; this is for supplemental purpose only."

OBSERVATION OF DRIVER:

Upon making contact with the driver, who was identified by Florida Driver's License as Marcie Marie Vachier, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. Vachier was still seated in the driver's seat. Vachier had heavy and slurred speech. Vlacier's eyes were red, glassy, and watery. Vachier had difficulties finding her glasses after I pointed out where they were. Vachier had an unsteady gate while walking to my patrol vehicle. Vachier had difficulties following directions. Vachier appeared confused and disoriented. Vachier stated she was coming from work and that she got out at 7pm.

DRIVER'S STATEMENTS:

On scene-post miranda: Vachier advised she was coming from work and did not drink.

Vachier consented to breath and after implied consent was read and explained, Vachier advised she understood.

Post Miranda: Vachier consented to participate in the Q&A. Vachier advised she had a shot of whiskey at work.

ODORS:

An obvious odor of an unknown alcoholic beverage coming from her breath which intensified as she spoke with me.

GENERAL OBSERVATIONS

SPEECH: **Slow, slurred, thick and at times difficult to understand.**

ATTITUDE: **Calm, confused, laughing, repetitive.**

CLOTHING: **red shirt, blue jeans, black shoes**

MEDICAL/OTHER: **None**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. K. Barreras
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of May 2024 by Inv. K. Barreras

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

Madelin Gonzalez (#40577)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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

SUBJECT: Vachier, Marcie, Marie CASE NUMBER 24-059395

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Vachier swayed on a side to side manner. Vachier had to be reminded several times to track the stimulus with her eyes only. Vachier did not keep head still, and stopped following the stimulus several times.

WALK & TURN:

I explained and demonstrated the instructions for the Walk and Turn Task to Vachier, whom advised she understood. During the task, Vachier was swaying in a side to side manner. Vachier was having trouble maintaining her balance. Vachier started too soon and took an incorrect number of steps. Vachier stepped off the line and did not step heel to toe. Vachier performed an improper turn other than which was demonstrated. Task was conducted on a paved road surface. Yellow tape was utilized.

ONE LEG STAND:

I explained and demonstrated the instructions for the One Leg Stand Task to Vachier, whom advised he understood. Vachier raised her right leg. During the task, Vachier was swaying in a side to side manner. Vachier put her foot down numerous times to regain balance before the 30 second time period had elapsed. Vachier also started early and did not raise foot 6 inches above ground. Vachier did not count in appropriate manner (1001,1002,1003,etc.)

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose Task to Vachier, whom advised understood. During the task, Vachier was swaying in a side to side manner. Vachier did not keep feet together and did not touch the tip of nose with finger. Vachier used incorrect hand and searched for her nose. The sequence used in this task was L,R,L,R,R,L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Romberg Alphabet Task to Vachier, whom advised she understood. During the task, Vachier was swaying in a side to side manner. Vachier did not tilt head back and spoke in a rhythmic manner. Vachier did not recite alphabet in the correct manner.

BREATH TEST RESULTS: | 1) .238 | 2) .217 | 3) .228 | 4) .233 |

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. K. Barreras
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of May 2024 by Inv. K. Barreras

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

Madelin Gonzalez (#40577)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2025

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WITNESS LIST

CASE NUMBER: 24-059395

ARRESTING OFFICER: Inv. K. Barreras

ADDRESS: TRAFFIC DIV/DUI

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION.

NAME: D/S M. Hannah #21301

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3400

CAN TESTIFY TO: INVESTIGATED THE TRAFFIC CRASH/REPORT, AND SIGNS OF IMPAIRMENT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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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NAME: _____

ADDRESS _____

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: PBSO

SUBJECT: VACHIER, MARCIE M

CASE NUMBER: 24-059395

DATE: May 5, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:22

ENDING TIME: 02:01

BREATH TESTS RESULTS: 1) VNM TIME 01:30 A.M. ☒ P.M. ☐ 2) .238 TIME 01:33 A.M. ☒ P.M. ☐

3) .217 TIME 01:36 A.M. ☒ P.M. ☐ 4) .228 TIME 01:50 A.M. ☒ P.M. ☐

BREATH OPERATOR: M. GONZALEZ #40577 5) .233 TIME 01:54 A.M. ☒

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLUE JEAN PANTS, RED SHIRT, BLACK LOFFERS

MEDICAL CONDITIONS: HBP

MEDICATIONS: NONE

OTHER:

NOT A CERTIFIED COPY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:58 HRS.

SUBJECT: AGREED TO TAKE TEST.

SUBJECT: WOULD NOT FOLLOW TECHNICIAN INSTRUCTIONS KEPT BLOWING AND STOPPING.

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

A SECOND TEST WAS CONDUCTED TO DO AN O2 AGREEMENT. SUBJECT AGREED TO TAKE SECOND TEST, COMPLETED WITHOUT INCIDENT.

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

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

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

SUBJECT: [illegible] CASE NUMBER: [illegible]

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: _____

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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 CSO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 05/05/2024

Date of Last Agency Inspection: 04/19/2024
Observation Period Began: 00:58
Subject's Name: MARCIE M VACHIER DOB: 09/14/1986 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	01:25
Air Blank	0.000	01:26
Control Test	0.080	01:26
Air Blank	0.000	01:27
Subject Sample #1	VNM*	01:30
Air Blank	0.000	01:31
Air Blank	0.000	01:32
Subject Sample #2	0.238**	01:33
Air Blank	0.000	01:34
Air Blank	0.000	01:35
Subject Sample #3	0.217**	01:36
Air Blank	0.000	01:37
Control Test	0.080	01:37
Air Blank	0.000	01:38
Diagnostics Check	OK	01:38

*Volume Not Met (0.199 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**No .020 agreement

Cylinder Lot: 14323080A3
Exp: 09/05/2025

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: 05/05/24
Signature

Sworn to (or affirmed) before me this 05 day of MAY, 2024

_____ INV. K. BARRETTAS
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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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 05/05/2024

Date of Last Agency Inspection: 04/19/2024
Observation Period Began: 00:58
Subject's Name: MARCIE M VACHIER DOB: 09/14/1986 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	01:47
Air Blank	0.000	01:47
Control Test	0.079	01:48
Air Blank	0.000	01:48
Subject Sample #1	0.228	01:50
Air Blank	0.000	01:51
Air Blank	0.000	01:53
Subject Sample #2	0.233	01:54
Air Blank	0.000	01:54
Control Test	0.078	01:55
Air Blank	0.000	01:55
Diagnostics Check	OK	01:55

Cylinder Lot: 14323080A3
Exp: 09/05/2025

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: 05/05/24
Signature

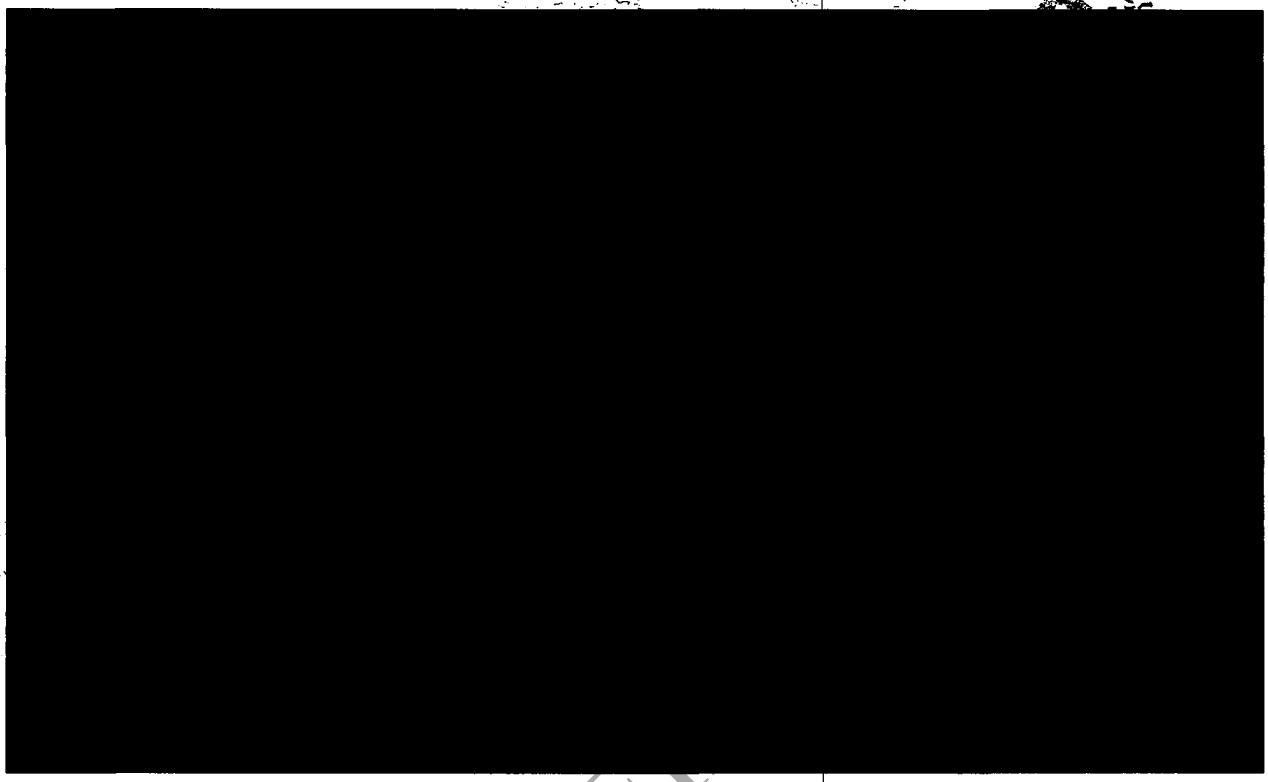
Sworn to (or affirmed) before me this 05 day of MAY, 2024

_____ INV. Kimberly BARRERAS
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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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	12
	☒	316.650(11)	Driver information contained in a uniform traffic citation	13, 14
	☐	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: 2024012087	**Date:** 5/5/2024
	Specialist Name/ID#: MTooks #8557