0537343 23CT539 2638

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 - 23000193

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)
Military Trail/PGA Blvd, Palm Beach Gardens, FL 33410	Military Trail/PGA Blvd, Palm Beach Gardens, FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY
01/10/2023	17:43					4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): Czochanski, Natalie, Ann — 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	09/29/1995	5'02	155	Brown	Brown	medium	medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): 16 tattoos — Marital Status: single — Religion: Catholic — Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
4210 Randolph Way #295 Palm Beach Gardens, FL 33410	(561) 339-6226	1

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
4210 Randolph Way #295, Palm Beach Gardens, FL 33410		license

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
Miller Ale House, Alton		Bartender

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C252621958490 FL	[redacted]		Secaucas, NY	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 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 #
DUI -	1	☐Y ☒N	316.193(1)(c)	

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

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

Court Date and Time: Month February Day 15 Year 2023 Time 10:00 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: 01/10/2023

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer: Melinda Burke 305

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): Melinda Burke — I.D. #: 305

Intake Deputy — I.D. # — Pouch #

Transporting Officer: Melinda Burke — ID #: 305 — Agency: PBGPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 10th day of January 2023 at 17:59 ☐ AM ☑ PM

Subject: Czochanski, Natalie, Ann Case Number: 23000193

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: Melinda Burke 305

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

On 1/10/23 at 5:59 p.m. I was dispatched to N Military Trail south of PGA Blvd in reference to a black Toyota that failed to yield the right of way to a red a Jeep. Upon arrival, the driver who was identified by the photograph on her Florida driver's license as Natalie Czochanski, was still sitting in her vehicle. The driver advised she was trying to turn into her apartment complex and didn't see any other traffic.

OBSERVATION OF DRIVER:

while speaking with Czochanski I could smell a strong odor of an unknown alcoholic beverage coming from her breath as she spoke, her speech was slow and slurred, she was very unsteady on her feet, reaching for her vehicle multiple times. Czochanski had red, watery eyes and at times was talkative.

DRIVER STATEMENTS:

post Miranda Czochanski stated she had two margarita's from papi chulo. Czochanski said she doesn't drink often. Czochanski agreed to perform the sobriety tasks.

ODORS: strong odor of an unknown alcoholic beverage coming from her breath as she spoke

GENERAL OBSERVATIONS

SPEECH: slow, slurred

ATTITUDE: cooperative, lethargic, at times talkative

CLOTHING: black tank top, blk and white shirt, white shorts, no shoes

MEDICAL/OTHER: anxiety/depression takes Lexapro

STATE OF FLORIDA
COUNTY OF PALM BEACH

M Burke 305
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 10th day of January 2023 by Melinda Burke 305 who is ☑ personally known to me or ☐ produced _____.

Thomasina Miller
Notary Public, Clerk of Court, Officer (FSS 117.10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

STAMP

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Czochanski, Natalie, Ann Case Number: 23000193

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE	*RIGHT EYE*
☑ Lack of Smooth Pursuit	☑ Lack of Smooth Pursuit
☑ Distinct & Sust. Nystag. at Max. Deviation	☑ Distinct & Sust. Nystag. at Max. Deviation
☑ Onset of Nystagmus Prior to 45 Degrees	☑ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

was swaying, had almost immediate angel of onset, had prominent VGN

Walk and Turn

demonstrated and explained, she started before instructed, did not put her feet back heel to toe. once instructions were given she said she understood, she started walking, none of her steps were heel to toe, she took 16-17 steps forward until I called her stop. At one point, she nearly fell over. I asked her to walk back to my patrol car.

One Leg Stand

tasks discontinued due to level of impairment

Rhomberg

tasks discontinued due to level of impairment

Finger to Nose

tasks discontinued due to level of impairment

NOT A CERTIFIED COPY

BREATH RESULTS: 1) .213 @ _____ 2) .217 @ _____ 3) _____ @ _____ 4) _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

Mel Burke 30r
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 10th day of January 20 23 by Melinda Burke 305 who is ☑ personally known to me or ☐ produced _____.

Thomasina Miller
Notary Public, Clerk of Court, Officer (FSS 117.10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

STAMP

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: 80-006477 Software: 8100.27
Date of Test: 01/10/2023

Date of Last Agency Inspection: 12/22/2022
Observation Period Began: 18:27
Subject's Name: NATALIE A CZOCHANSKI DOB: 09/29/1995 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	18:56
Air Blank	0.000	18:57
Control Test	0.080	18:57
Air Blank	0.000	18:57
Subject Sample #1	0.213	18:58
Air Blank	0.000	18:59
Air Blank	0.000	19:01
Subject Sample #2	0.217	19:02
Air Blank	0.000	19:03
Control Test	0.079	19:03
Air Blank	0.000	19:04
Diagnostics Check	OK	19:04

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

State of Florida, County of Palm Beach,

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

I THOMASINA E MILLER, 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: Thomasina Miller Date: 01/10/23
Signature

Sworn to (or affirmed) before me this 10 day of January, 2023

Signature of Notary Public-State of Florida

Olc. M. Bucke
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

NOT A CERTIFIED COPY

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: 80-006477 Software: 8100.27
Date of Test: 01/10/2023

Date of Last Agency Inspection: 12/22/2022
Observation Period Began: 18:27
Subject's Name: NATALIE A CZOCHANSKI DOB: 09/29/1995 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	18:56
Air Blank	0.000	18:57
Control Test	0.080	18:57
Air Blank	0.000	18:57
Subject Sample #1	0.213	18:58
Air Blank	0.000	18:59
Air Blank	0.000	19:01
Subject Sample #2	0.217	19:02
Air Blank	0.000	19:03
Control Test	0.079	19:03
Air Blank	0.000	19:04
Diagnostics Check	OK	19:04

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

State of Florida, County of Palm Beach,

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

I THOMASINA E MILLER, 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: Thomasina Miller Date: 01/10/23
Signature

Sworn to (or affirmed) before me this 10 day of January, 2023

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

NOT A CERTIFIED COPY

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 23-024419 PBSO Zone: 3-13

Agency Case #: 23000193 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 17:59 Date of Incident: 01/10/2023 Day: Tuesday

Location of Incident: Military Trail/PGA Blvd, Palm Beach Gardens, FL 33410

Arrest Information:

Time of Arrest: 17:43 Date of Arrest: 01/10/2023 Day: Tuesday

Location of Arrest: Military Trail/PGA Blvd, Palm Beach Gardens, FL 33410

Subject's Name: (L) Czochanski, (F) Natalie, (M) Ann

DOB: 09/29/1995 Race: W Sex: f Height: 5'02 Weight: 155 Hair Brown Eye Brown

Address: 4210 Randolph Way #295 Phone: (561) 339-6226

Arresting Officer's Name: Melinda Burke ID#: 305

Agency: PBGPD Division: Traffic - 5L26

Breath Results

1) .213 at 18:58 hrs.
2) .217 at 19:02 hrs.
3) N/A at N/A hrs.
4) N/A at N/A hrs.

---BAT Use---

BAT Notified:	YES
Arrival Time at BAT:	1827
Subject Arrest Time:	17:43

Breath Test Operator: 41017
PBSO

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: CZOCHANSKI, NATALIE .A.

CASE NUMBER: 23-024419

DATE: Jan 10, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 18:50

ENDING TIME: 19:06

BREATH TESTS RESULTS: 1) .213 TIME 18:58 A.M.☐ P.M.☒ 2) .217 TIME 19:02 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: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM, COOPERATIVE, QUIET

CLOTHING: BLACK/WHITE SHIRT, WHITE SHORTS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: LEXAPRO

OTHER:

Present: P. Pound, Ofc. Burke and Ofc. Strzelecki

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 18:27 HRS.

SUBJECT: REFUSE TO ANSWER IF SHE WILL TAKE TEST.

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

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

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

A/O: ATTEMPTED Q & A.
SUBJECT: REFUSED TO ANSWERS QUESTIONS.

NOT A CERTIFIED COPY

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: _____

NOT A CERTIFIED COPY

23000193

DUI WITNESS LIST

Arresting Officer: Melinda Burke 305 Email: @pbgfl.com
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: William Butzbach
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: on scene, behind the wheel

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: _____ ID: _____ Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

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.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023000937	**Date:** 1/11/2023
	Specialist Name/ID: M. Tooks #8557