CF1K572 23CT20441 3089

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL0500300	BOYNTON BEACH POLICE DEPT.	34-23-056583

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 | Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
600 E Ocean Ave, Boynton Beach, FL, 33435	600 E Ocean Ave, Boynton Beach, FL, 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/10/2023	00:29					Beck's Towing

DEFENDANT

Name (Last, First, Middle): SOLODKA, SVITLANA — 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	11/17/1985	5'7"	145 lbs	Blue	Blonde	Fair	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status: Single | Religion: unk | 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)
5205 BRISATA CIR APT H, BOYNTON BEACH, FL, 33437	( ) -	2
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	( ) -	Address Source: DAVID
Business Address (Street, Apt. Number) (City) (State) (Zip)	( ) -	Occupation: Director

DL Number, State	SSN	INS Number	Place of Birth	Citizenship
S432780859170 / FL	[redacted]		Ukraine	NO

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 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 561-355-2526) 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. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
DUI	1	☐ Yes ☒ No	316.193.1a	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-	-	23-056583		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

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

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month December Day 18 Year 2023 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.

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

ADMIN.

HOLD for other Agency Name: — Signature of Arresting Officer 1105

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): Ofc. V. Alexis — I.D. #: 1105

Name Verification (Printed by Arrestee) (PRINT) _____

BU#

Intake Deputy — I.D. # — Pouch # — Transporting Officer: Ofc V. Alexis — I.D. #: 1105 — Agency: BBPD

Witness here is subject Signed with an "X".

Page 1 OF 1

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FILED-DEC - CLERK OF COURTS
2023 NOV 11 AM 7:47

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9th **DAY OF** November **2023 AT** 23:52 ☐ **A.M** ☒ **P.M.**

CASE #: 23-056583 **DEFENDANT:** SOLODKA, SVITLANA

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time, Sgt James of the Boynton Beach Police Department conducted a traffic stop on a vehicle (2020 Silver Volkswagen Jetta bearing FL tag: PTXA94), at the 600 Block of E Ocean Ave, City of Boynton Beach, Palm Beach County, FL, 33436. Sgt James requested my assistance after making contact with the driver.

I arrived on scene and met with Sgt. James who advised the following. Sgt James advised that he was traveling southbound on N Federal Hwy, approaching the intersection of Boynton Beach Blvd, when he noticed the above vehicle swerving all over the road and unable to maintain its lane. Sgt James followed the vehicle until the intersection of Ocean Ave, when the vehicle indicated and made a left turn on Ocean Ave. while making the left turn, the vehicle almost entered the opposite lane of travel, at which time the driver abruptly correctly it and almost struck the center median of Ocean Ave. Sgt James then conducted a traffic stop on the vehicle, based on the observed driving patterns, and made contact with the driver identified via her FL driver license as W/F SOLODKA, SVITLANA. Sgt James advised the driver appeared intoxicated and he also smell the odor alcoholic beverages.

I walked over to the driver side of the vehicle, and immediately detected a strong odor of alcoholic beverages emiting from the vehilce; The driver's eyes were red and glassy. Sgt James advised that he asked the driver for her license, registration and proof of insurance , however the driver/defendant only provided her license. The defendant stated she was coming from having dinner with a friend at a restaurant in Boynton Beach and was on her way to home to Deerfield Beach. The restaurant the defendant mentioned is located on Federal hwy and Woolbright Rd, south of Ocean Ave. The defendant was coming from an opposite direction of the restaurant and she took an unusual route to her home. The defendant was heading east, towards the intercaostal, instead of west towards I-95. The defendant was slurring her words and the odor of unknown alcoholic beverages intensified. The defendant was asked and at first said that she had one glasse of wine. She later said that she had two glasses of wine while having dinner. The defendant added that, after dinner, she had more drinks with her friend. The defendant stated she felt "tipsy" , however claimed she was not intoxicated. The defendant was aksed if would like to do the Standardized Field Sobriety Task (SFST) to dispel my suspicion that she was impaired, however she refused to answer. The defendant was asked to exit her vehicle, at which time I observed her unable to maintain her balance and used her vehicle for support. While outside of her vehicle, the odor of unknown alcoholic beverage emiting from the defendant's breath intensified. After asking and explaning the defendant several times, she agrees to do the SFST's.

The SFTS's were conducted on parking lot, leveled and illuminated. The defendant stated she did not have any sickness or injuries that would affect her ability to perform the SFSTs.

HGN: Instructions were provided and the defendant stated she understood. During the exercise, the defendant was swaying back and forth and almost falling, at which time I asked assisting officers to stand close to her for her safety. The defendant had to be reminded several time to follow the penlight.

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HORIZONTAL GAZE NYSTAGMUS:

- ☒ Left eye does not follow smoothly
- ☒ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye
- ☒ Right eye does not follow smoothly
- ☒ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN:

Instructions were provided and demonstrated to the defendant and she stated she understood. The defendant was unable to maintain her balance during the instruction phase, stepped off the line.
The following clues were observed:

- Missed heel to toe
- Used her arms for balance
- Improper turn , contrary to what was instructed
- Stopped walking
- Stepped off the line
- And made an incorrect number of steps.

The defendant did not count her steps throughout the exercise.

ONE LEG STAND:

Instructions were provided and demonstrated to the defendant and she stated she understood.
The defendant:

- Was swaying while balancing
- Used both her arms for balance
- and put her foot down

Officers had to stand directly behind the vehicle to prevent her from falling.

FINGER TO NOSE:

Instructions were provided and demonstrated to the defendant and she stated she understood. The defendant touched the base of her nose instead of the tip. The defendant did not return her arms to her side during the exercise

ROMBERG/ALPHABET:

Instructions were provided and demonstrated to the defendant and she stated she understood. ROMBERG was administered. The defendant estimated 45 second s instead of 30. During this exercise , the defendant was swaying back and forth, and starting taking steps forward.

Based on my investigation, defendant SOLODKA, SVITLANA was arrested for driving under the influence of alcohol; she was handcuffed (D/L and checked for spacing)

The defendant was transported to the Palm Beach County BAT, where I arrived and started a 20 minutes observation at 01:00 hours. At 01:23 hours, the defendant was asked to provide a breath sample for the purpose of determining the alcohol content and she refused. Implied consent was read to the defendant and she indicated she understood. The defendant was asked a second time to provide a breath sample and refused to

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answer and started screaming . after several attempts , refusal times was called at 01:28 hours. Q/As were not completed.

Probable cause exist to charge the defendant W/F SOLODKA, SVITLANA with DUI pursuant to FSS 316.193.1a. The defendant was processed and was booked at the Palm Beach County Jail.

The following instrument was sworn to before me this 10 day of November 2023

By: Ofc Alexis

S. O'Neal
Notary/Police Officer (F.S.S. 117.10)

1105
Signature of Arresting Officer

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

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CASE #: 23-056583 **DEFENDANT:** SOLODKA, SVITLANA

Arresting Officer: V. Alexis
Address: 2100 HIGH RIDGE ROAD, BOYNTON BEACH, FL 33426
Phone Numbers: Home: _____ **Work:** (561) 742-6100

Name: Sgt. S James
Address: 2100 High Ridge Rd, Boynton Beach, FL, 33426
Phone Numbers: Home: _____ **Work:** _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ **Work:** _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ **Work:** _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ **Work:** _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ **Work:** _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ **Work:** _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ **Work:** _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ **Work:** _____
Can testify to: _____

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

PBSO CASE # 23-127533 PBSO ZONE 6-12

AGENCY CASE # 23-056583 CRASH CASE #

TIME OF STOP/CRASH 23:52 DATE 11/09/2023 DAY Thursday

SUBJECT'S NAME SOLODKA, SVITLANA RACE W SEX F

HGT 5'7" WGT 145 lbs DOB 11/17/1985

LOCATION 600 E Ocean Ave, Boynton Beach, FL, 33435

ARRESTING OFFICER'S NAME & ID V. Alexis, 1105 AGENCY BBPD

DIVISION: Traffic / DUI enforcement

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 01:00

BREATH RESULTS: Arrest Time 00:29

1.
2. REFUSED
3.
4.

TESTING OFFICER'S ID 6212

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TESTING FACILITY TASK REPORT

AGENCY: BBPD OFC. ALEXIS #1105

SUBJECT: SOLODKA, SVITLANA

CASE NUMBER: 23-127533

DATE: 11-10-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:23 HRS

ENDING TIME: 01:30 HRS

REFUSED

BREATH TESTS: RESULTS TIME: 01:28 A.M. ☒ P.M. ☐ 2) TIME 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: ACCENT, LOUD, YELLING, SLURRED

ATTITUDE: EMOTIONAL, MOODSWINGS, DEMANDING, ARGUMENTATIVE, UNCOOPERATIVE, PROFANE

CLOTHING: JACKET-BLACK SHIRT- WHITE & BLACK/PRINT PANTS- BLACK

MEDICAL CONDITIONS: N/A

MEDICATIONS: N/A

OTHER:

EYES: VERY RED, WATERY FROM CRYING
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O ALEXIS #1105

D WAS UNCOOPERATIVE ON AND OFF CAMERA.
D KEPT YELLING WHEN THE A/O WAS TRYING TO TALK TO HER.
D KEPT YELLING FOR A LAWYER.
A/O REQUESTED THE BREATH TEST.
D REFUSED THE REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D. BROKE THE I/C DOWN TO THE D.
D WAS STILL YELLING AND BEING UNCOOPERATIVE.
TAKEN AS A REFUSAL.
C/W STARTED THEN STOPPED. A/O STOPPED DUE TO THE D BEHAVIOR.

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STATE OF FLORIDA

AFFIDAVIT OF REFUSAL TO SUBMIT TO

BREATH TEST

I, Officer VLADIMIR ALEXIS, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of Boynton Beach Police Department, and I do swear
(Name of enforcement agency)

or affirm that on or about the TENTH day of November, 2023, at 1:43 AM

DRIVER (Type or Print) SVITLANA (FIRST) SOLODKA (MIDDLE OR MAIDEN) (LAST),

DL # S432780859170, state of FL, was placed under lawful arrest for

the offense of DUI by Officer VLADIMIR ALEXIS and
(Name of Arresting Officer)

issued Citation # AE15BKE.

That on or about the TENTH day of November, 2023, at 1:28 AM

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 Corrctional Officer

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 977080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 10 day of November, 2023 by _____ who is personally known to me or who has produced _____ as identification.

Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____

Date _____

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****

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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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.

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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.

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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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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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SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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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? _____

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WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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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? _____

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WERE YOU IN AN ACCIDENT TODAY? _____

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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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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Booking Number: 2023029767	**Date:** 11/10/2023
	Specialist Name/ID#: TARA HOWARD/7185