24CT - 2172 ANS

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 5 0 2 6 0 0

Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT

Agency Report Number: 78 - 24000649

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): Alt A1A/ Lighthouse Dr. PALM BEACH GARDENS, FL, 33410

Location of Offense (Business Name, Address): Alt A1A/ Lighthouse Dr. PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/07/2024	02:40					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): Gutfreund, Tiferet, Ariela

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	05/26/2002	502	100	Brown	Blonde	Light	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None

Marital Status: Single | Religion: None

Indication of: Alcohol Influence (Y ☐ N ☐ Unk. ☐) Drug Influence (Y ☐ N ☐ Unk. ☑)

Local Address (Street, Apt. Number) (City) (State) (Zip): 5470 Lyons Rd. Apt. 105 Coconut Creek, FL 33073

Phone: (203) 578-6679

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 5470 Lyons Rd. Apt. 105 Coconut Creek, FL 33703

Phone:

Address Source: FL DL

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

Phone:

Occupation: Entertainer

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G316801026860 FL	[redacted]		Jerusalem, Israel	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): Lt Lovett

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 (1)

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - Breath Above .08	1	☐ Y ☒ N	316.193(1)(c)	

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

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 March Day 13 Year 2024 Time 10:00 AM X 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): 02/07/2024 Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Ofc. J Lovett I.D. #: 523

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an -X"

Intake Deputy: Bonilla 1934 I.D. # Pouch #

Transporting Officer: OFC. J Lovett ID #: 523 Agency: PBGPD

PAGE 1 OF 1

FILED PBC - GUN CLUB
24 FEB 7 AM 8:18

0546908

1591

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FEB 07 2024

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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: **FL FL0502600**

Agency Name: **Palm Beach Gardens Police Department**

Agency Report Number: **7 | 8 | 24-000649**

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
GUTFREUND, TIFERET ARIELA		**E**	**F**	**05/26/2002**

CHARGES

Charge Description	Charge Description
316.193(1)(C) DUI - BREATH .08 OR ABOVE	
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 resonable 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 **7** day of **February**, **2024** at **04:18** (Specifically include facts constituting cause for arrest.)

On February 7th, 2024, at approximately 02:02 a.m., Ofc. Prudhomme (ID 9889) of the North Palm Beach Police Department, observed a vehicle (a blue Kia sedan bearing FL tag 05bQSF) stopped at a solid red traffic signal in the eastbound lanes facing westbound at the intersection of Alternate A1A and Lighthouse Dr. in the City of Palm Beach Gardens, FL. Ofc. Prudhomme conducted an emergency traffic stop on the vehicle knowing the dangers associated with a wrong way driver. Ofc. Prudhomme made contact with the driver and sole occupant of the vehicle Tiferet Gutfreund, identified by her Florida driver license. I arrived a short while after the beginning of this stop as the stop occurred in the jurisdiction of the Palm Beach Gardens Police Department.

Ofc. Prudhomme informed me that he believed Gutfreund was driving under the influence and that during contact with her she had slow, lethargic movements, bloodshot glassy eyes, and detected the odor of an unknown alcoholic beverage from her breath. He then turned the scene over to me for a DUI investigation. See NPBPD case number #24000076 for full details of Ofc. Prudhomme's involvement. I made contact with Gutfreund who was still seated in the driver seat of the vehicle. She stated that she was new to the area and was headed home to Parkland, FL from Rachel's (a local gentlemen's club). When questioned about her travelling north when her destination was south, she could not articulate an answer. During this contact I observed the same indicators of impairment as Ofc. Prudhomme. Gutfreund then agreed to participate in standardized field sobriety tasks and exited the vehicle.

During the pen light task, Gutfreund stated she understood all the instructions. During the task I observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset nystagmus prior to 45 degrees in both eyes. She also moved her head multiple times during the task.

During the walk and turn task, Gutfreund stated she understood all instructions. During

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER F.S.S. 117.10

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

02/07/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LOVETT, JAMES (523)
NAME OF OFFICER (PLEASE PRINT)

02/07/2024
DATE

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

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FEB 07 2024

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ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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 | 24-000649

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
GUTFREUND, TIFERET ARIELA		E	F	05/26/2002

PROBABLE CAUSE STATEMENT

her first sequence of steps she took 8 steps but counted 9 and stepped off the line on steps 5 and 6. She then made an improper turn. During her second sequence of steps, she stopped while walking on step 2. During the entire task she used her arms for balance.

During the one leg stand task, Gutfreund stated he understood all instructions. For most of the task she did not raise her foot 6 inches, did not count, and did not look at her foot. I know these to be factors that aid in balancing based on my training and experience. When she finally performed the task properly, she put her foot down once, used her arms for balance, and swayed.

During the finger to nose task, Gutfreund stated she understood all instructions. I made the following observations during the task:
1st left: She had to be reminded to bring her finger back to her side.
1st right: Searched for the tip of her nose and had to be reminded to bring her finger back to her side.
2nd left: Searched for the tip of her nose and had to be reminded to bring her finger back to her side.
2nd right: 1st knuckle to the tip of her nose and had to be reminded to bring her finger back to her side.
3rd right: 1st knuckle to the tip of her nose and had to be reminded to bring her finger back to her side.
3rd left: Touched her right nostril then the tip of her nose and had to be reminded to bring her finger back to her side.

During the rhomberg balance, Gutfreund stated that she understood all instructions. During the task, she estimated the passage of 30 seconds in approximately 42 seconds. At this time, based on the totality of the circumstances, I placed Gutfreund under arrest for Driving Under the Influence.
I then transported her to the Breath Alcohol Testing Center (BAT) located at the Palm Beach County Jail. At the BAT, I conducted a 20-minute observation period in which I ensured Gutfreund did not regurgitate and did not ingest anything by mouth. I then asked her to submit a sample of her breath to an approved test to determine the alcohol content and she agreed to submit. Her breath results were .116 at 03:39 a.m. and .106 at 03:42 a.m. It is noted that during a tow inventory of Gutfreund`s vehicle, I located a water bottle, approximately ¼ full of req liquid, that had a strong odor of alcohol in the driver door panel.

Based on my investigation, I find probable cause to charge Gutfreund with DUI - Breath Above .08 pursuant to F.S.S. 316.193(1)(C). There is nothing further to report at this time. My body-worn camera was utilized during this investigation.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 316.193.10)

02/07/2024
DATE

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408331
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LOVETT, JAMES (523)
NAME OF OFFICER (PLEASE PRINT)

02/07/2024
DATE

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

SCANNED
FEB 07 2024

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 24-032179 PBSO Zone: 3-13

Agency Case #: 24000649 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 02:02 Date of Incident: 02/07/2024 Day: Wednesday

Location of Incident: Alt A1A/ Lighthouse Dr. PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 02:40 Date of Arrest: 02/07/2024 Day: Wednesday

Location of Arrest: Alt A1A/ Lighthouse Dr. PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) Gutfreund, (F) Tiferet, (M) Ariela

DOB: 05/26/2002 Race: W Sex: F Height: 502 Weight: 100 Hair Blonde Eye Brown

Address: 5470 Lyons Rd. Apt. 105 Coconut Creek, FL 33073 Phone: (203) 578-6679

Arresting Officer's Name: Ofc. J Lovett ID#: 523

Agency: PBGPD Division: ROAD PATROL

Breath Results

1) .116 at 0339 hrs.
2) .106 at 0342 hrs.
3) — at — hrs.
4) — at — hrs.

---BAT Use---

BAT Notified:	YES
Arrival Time at BAT:	03:10
Subject Arrest Time:	02:40

Breath Test Operator: Leahey 19183
PBSO

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SCANNED
FEB 07 2024

SUBJECT: [redacted] CASE NUMBER: [redacted]

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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SCANNED
FEB 07 2024

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: [redacted]

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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FEB 07 2024

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: 80-006478 Software: 8100.27
Date of Test: 02/07/2024

Date of Last Agency Inspection: 01/12/2024
Observation Period Began: 03:10
Subject's Name: TIFERET A GUTFREUND DOB: 05/26/2002 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:36
Air Blank	0.000	03:36
Control Test	0.080	03:37
Air Blank	0.000	03:37
Subject Sample #1	0.116	03:39
Air Blank	0.000	03:39
Air Blank	0.000	03:41
Subject Sample #2	0.106	03:42
Air Blank	0.000	03:42
Control Test	0.079	03:43
Air Blank	0.000	03:43
Diagnostics Check	OK	03:43

Cylinder Lot: 06723080A5
Exp: 04/05/2025

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 THOMAS H LEAHEY, 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: 02/07/2024
Signature

Sworn to (or affirmed) before me this 07 day of February 2024

_____ Ofc J Lovett #523
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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FEB 07 2024

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Gutfreund, Tiferet A

CASE NUMBER: 24-032179

DATE: Feb 7, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0332

ENDING TIME: 0344

BREATH TESTS RESULTS: 1) .116 TIME 0339 A.M. ☒ P.M. ☐ 2) .106 TIME 0342 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: low

ATTITUDE: compliant

CLOTHING: black pants. pink shirt, black jacket, tan shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
unknown odor of alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0310 hrs

subject refused to perform breath test - Do I need to ?

A/O read I/C & subject understood I/C

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understand rights

tech read breath test results & subject understood breath test results

A/O did not attempt Q&A

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SCANNED
FEB 07 2024

24000649

DUI WITNESS LIST

Arresting Officer: Ofc. J Lovett 523 Email: Jlovett@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: Ofc. Prudhomme #9889 North Palm Beach Police Department
Agency Address: 560 U.S. Hwy 1, North Palm Beach, FL 33408 Phone: (561) 848-2525
Can Testify To: Scene Safety

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

Breathalyzer Technician: Leahey ID: 19183 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

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SCANNED
FEB 07 2024

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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REVIEW COMPLETED BY

Booking Number: 2024003455	**Date:** 2/7/2024
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