

0507164

ARREST / NOTICE TO APPEAR

19672083

3186

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>410 19-006267</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE										
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>																
Location of Arrest (Including Name of Business) <b>2885 S FEDERAL HWY, DELRAY BEACH, FL 334</b>						Location of Offense (Business Name, Address) <b>2885 S FEDERAL HWY, DELRAY BEACH, FL 33483</b>															
Date of Arrest <b>04/19/2019</b>		Time of Arrest <b>03:09</b>		Booking Date <b>04/19/2019</b>		Booking Time <b>03:19</b>		Jail Date <b>// : :</b>		Jail Time <b>IMPOUNDED</b>											
Name (Last, First, Middle) <b>NEUMANN, ABBE GAIL</b>																					
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)																					
Race W - White B - Black O - Oriental/Asian S - American Indian		Sex <b>F</b>		Date of Birth <b>10/22/1989</b>		Height <b>5'02</b>		Weight <b>115</b>		Eye Color <b>BLUE</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>THIN</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>S</b>		Religion <b>NOT INDICA</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number) <b>3807 NW 5TH TER, BOCA RATON, FL 33431</b>				(City)		(State)		(Zip)		Phone <b>(508) 965-8705</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>									
Permanent Address (Street, Apt. Number) <b>3807 NW 5TH TER, BOCA RATON, FL 33431</b>				(City)		(State)		(Zip)		Phone <b>(508) 965-8705</b>		Address Source <b>VERBAL</b>									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation <b>Unknown</b>									
DL Number, State <b>S68589093 / MA</b>		Sex, Soc. Number		INS Number		Place of Birth (City, State) <b>MA, New Bedford</b>		Citizenship <b>US</b>													
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile									
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone		Business Phone							
Notified by: (Name)		Date		Time		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated									
Released To: (Name)		Date		Time		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated									
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.						School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
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. Synthetic		U. Unknown Z. Other	
Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>						Statute Violation Number <b>316.193(1)</b>		Violation of ORD #													
Drug Activity		Drug Type <b>N</b>		Amount / Unit		Offense #		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description						Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description						Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant						Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries															
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To											
Transported By						Date Transported <b>// : :</b>		Time Transported		Other											
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>05/13/2019 08:30:00</b>													
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												No Photo Available									
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed															
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>ALAMI, KHALED</b>		I.D. # <b>1183</b>		(PRINT)													
Intake Deputy <b>SPANN 810/</b>		I.D. #		Pouch #		Transporting Officer <b>ALAMI</b>		I.D. # <b>1183</b>		Agency <b>DBPD</b>		Witness here if subject signed with an "X".		PAGE <b>7</b>		1 OF 1					

APR 20 2019

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 19-006267</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>NEUMANN, ABBE GAIL</b>	Alias	Race	Sex <b>F</b>	Date of Birth <b>10/22/1989</b>
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Charge Description <b>316.193(1) DRIVING WHILE UNDER INFLUENCE</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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.  was observed by **NAPARSTEK** who told **MYSELF** that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the **19** day of **April**, **2019** at **05:10** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, County of Palm Beach, Florida.

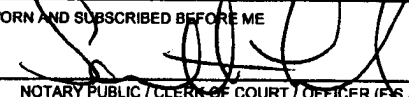
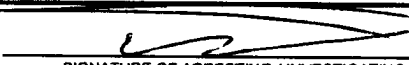
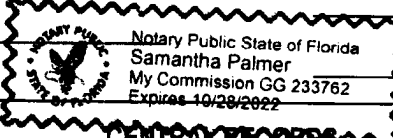
OFFICER'S NARRATIVE:

**DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEFENDANT BEHIND THE WHEEL OF THE VEHICLE):** On 4/19/19 at approximately 0230 hours while Sgt Naparstek was parked in the 200 block of SE 6th Ave, Sgt Naparstek observed a white Lexus RX 350 bearing Massachusetts license plate driving the wrong way (southbound) on a one-way road. The vehicle then made a right turn westbound onto SE 2nd St.

When Sgt Naparstek got behind the vehicle it was stopped for a red traffic signal at SE 2nd St and SE 5th Ave. Once the light turned green the vehicle made a left turn southbound onto SE 5th Ave. During the turn the vehicle failed to maintain the lane and entered the designated bike lane.

Based on his training, knowledge, and experience Sgt Naparstek suspected that the driver was impaired, so Sgt Naparstek activated my in-car camera and followed the vehicle in order to establish a driving pattern. From SE 2nd St to W Linton Blvd Sgt Naparstek observed the vehicle unable to maintain a single lane and repeatedly enter the designated bike lane. Upon crossing the intersection at W Linton Blvd the vehicle nearly drove off the roadway. From W Linton Blvd to the 1800 block of S Federal Hwy Sgt Naparstek observed the vehicle straddle the line with the designated bike lane.

In the 2800 block of S Federal Hwy Sgt Naparstek conducted a traffic stop for the observed violations. Upon make contact with the driver Sgt Naparstek could initially smelled an odor of an unknown alcoholic beverage coming from the interior of the

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	<b>ALAMI, KHALED (1183)</b> NAME OF OFFICER (PLEASE PRINT)
<b>04/19/2019</b> DATE	<b>04/19/2019</b> DATE
	PAGE <b>1 of 3</b>

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

907 APR 20 2019

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 19-006267</b>
Charge Type: Check as many as apply.			Special Notes:	
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				
Name (Last, First, Middle) <b>NEUMANN, ABBE GAIL</b>			Alias	Race
				Sex <b>F</b>
				Date of Birth <b>10/22/1989</b>

vehicle. The driver provided him with her Massachusetts driver license and was identified as Abbe Neumann. While responding to some basic questions Neumann's speech sounded slurred. Neumann told me she was coming from Saltwater Brewery and that she had only one drink.

As a result of my observations Sgt Naparstek requested for Officer Alami to respond to the scene in order to conduct a DUI investigation.

OBSERVATION OF DRIVER: The defendant appeared to be impaired, had red and glassy eyes, slow dexterity, slow movements and slow blinking, had slurred speech, and I could smell a strong odor of an unknown alcoholic beverage coming from the defendants breath. The defendant used the door for balance as she exited the vehicle. The defendant was unsteady on her feet and had hard time keeping her balance during road side tasks.

DRIVER'S STATEMENTS: While responding to some basic questions Neumann's speech sounded slurred. Neumann told Sgt Naparstek that she was coming from Saltwater Brewery and that she had only one drink.

ODORS: Defendant had the odor of an unknown alcoholic beverage coming from her breath.

SPEECH: Slow, slurred, mumbled.

ATTITUDE: Calm, quiet, cooperative.

CLOTHING: Black dress, Black sandals.

MEDICAL PROBLEMS: None

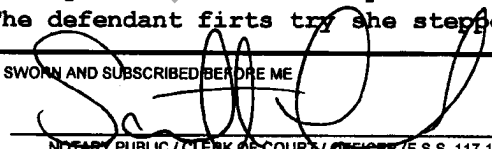
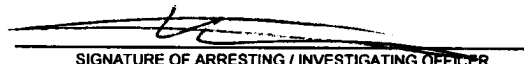
MEDICATIONS: None

BREATH TESTING REQUEST IS VIDEO RECORDED:

**\*\* ROAD SIDE TASKS \*\***

HORIZONTAL GAZE NYSTAGMUS: Both eyes did not follow smoothly. Both eyes jerked at 45 degree angle or less. Both eyes jerking to maximum deviation.

WALK AND TURN: The defendant stated that she understood my instructions. The defendant was swaying side to side during this task. The defendant could not keep her balance during the instructional portion of this task. The defendant used her arms for balance. The defendant firts try she stepped 15 steps without stoping or turning. The defendant

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>ALAMI, KHALED (1183)</b>
<b>04/19/2019</b>	NAME OF OFFICER (PLEASE PRINT)
DATE	<b>04/19/2019</b>
	DATE



PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A. 3. Request for Warrant  
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1 JUVENILE

OBTs Number		Agency Name		Agency Report Number	
Agency ORI Number		Agency Name		Agency Report Number	
FL 0500400		DELRAY BEACH POLICE DEPARTMENT		4   0   19-006267	
Charge Type: Check as many as apply.				Special Notes:	
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					

Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth
NEUMANN, ABBE GAIL					F	10/22/1989

missed all heel to toe on her second attempt.

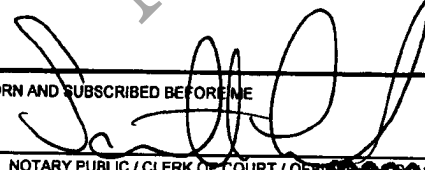
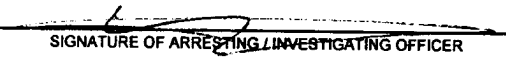
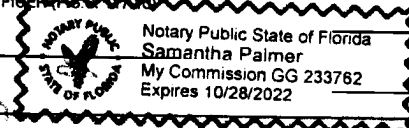
ONE LEG STAND: The defendant stated that she understood my instructions. The defendant was swaying side to side during this task. The defendant could not keep her balance during the instructional portion of this task. The defendant first attempt she did not look at her foot while counting as instructed.

FINGER TO NOSE: The defendant stated that she understood my instructions. The defendant was swaying side to side during this task. The defendant could not keep her balance during the instructional portion of this task. The Defendant moved her right hand when asked to move her left hand.

ROMBERG TASK: The defendant stated that she understood my instructions. The defendant was swaying side to side during this task. The defendant could not keep her balance during the instructional portion of this task.

BREATH ALCOHOL TEST RESULTS:  
The test results were:  
Defendant sample #1: 0.196 at 0429 Hours  
Defendant sample #2: 0.208 at 0432 Hours

CHARGES:  
Based on the above stated facts probable cause exists to charge the defendant, Abbe Neumann, with one count of driving under the influence in violation of FSS 316.193(1).

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
 NOTARY PUBLIC / CLERK OF COURT / OFFICIAL		 ALAMI, KHALED (1183) NAME OF OFFICER (PLEASE PRINT)	
04/19/2019 DATE		04/19/2019 DATE	
		PAGE 3 OF 3	

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: \_\_\_\_\_

SUBJECT: NOI REASON FOR LAUNDRY CASE NUMBER: 11-0-0267

## 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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am OFC ALAMO 111-3 of the ALAMO PD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) [Signature]

## 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) NOI Reason for Laundry

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: 04/19/2019

Date of Last Agency Inspection: 03/15/2019

Observation Period Began: 03:55

Subject's Name: ABBE G NEUMANN

DOB: 10/22/1989 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	04:26
	Air Blank	0.000	04:26
	Control Test	0.081	04:26
	Air Blank	0.000	04:27
	Subject Sample #1	0.196	04:29
	Air Blank	0.000	04:30
	Air Blank	0.000	04:31
	Subject Sample #2	0.208	04:32
	Air Blank	0.000	04:32
	Control Test	0.078	04:33
	Air Blank	0.000	04:33
	Diagnostics Check	OK	04:33

Cylinder Lot: 13518080A5  
Exp: 08/05/2020

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 SAMANTHA M PALMER, 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: \_\_\_\_\_

Signature

Date: 4/19/19

Sworn to (or affirmed) before me this 19 day of April, 2019

Signature of Notary Public-State of Florida

OFC. AICMI # 1183  
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.

# TESTING FACILITY TASK REPORT

AGENCY: DBPD/ALAMI

SUBJECT: NEUMANN, ABBE

CASE NUMBER: 19-061415

DATE: Apr 19, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0416

ENDING TIME: 0435

BREATH TESTS RESULTS: 1) .196 TIME 0429 A.M.  P.M.  2) .208 TIME 0432 A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, RASPY

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: BLACK DRESS, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT AND GLASSY, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH, SWAYING

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0355  
SUBJECT REFUSED TO TAKE BREATH TEST  
A/O READ I/C TWICE AND EXPLAINED  
SUBJECT STATED SHE UNDERSTOOD I/C  
AND AGREED TO TAKE THE BREATH TEST @ 0424  
SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY  
TECH READ TEST RESULTS  
SUBJECT STATED SHE UNDERSTOOD RESULTS  
A/O DID NOT READ RIGHTS OR CONDUCT Q&A  
SUBJECT INVOKED RIGHT





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

PBSO CASE # 19-061415      PBSO ZONE 4-11

AGENCY CASE # 19-006267      CRASH CASE # NIA

TIME OF STOP/CRASH 0234      DATE 04/19/19      DAY Friday

SUBJECT'S NAME Abbe Neumann      RACE W      SEX F

HGT 5-02      WGT 115      DOB 10 1 22 1989

LOCATION 2885 S Federal HWY Delray Beach, FL 33483

ARRESTING OFFICER'S NAME & ID Alami, K 1183      AGENCY DB PD

DIVISION: patrol

NOTIFIED BY CONMO yes

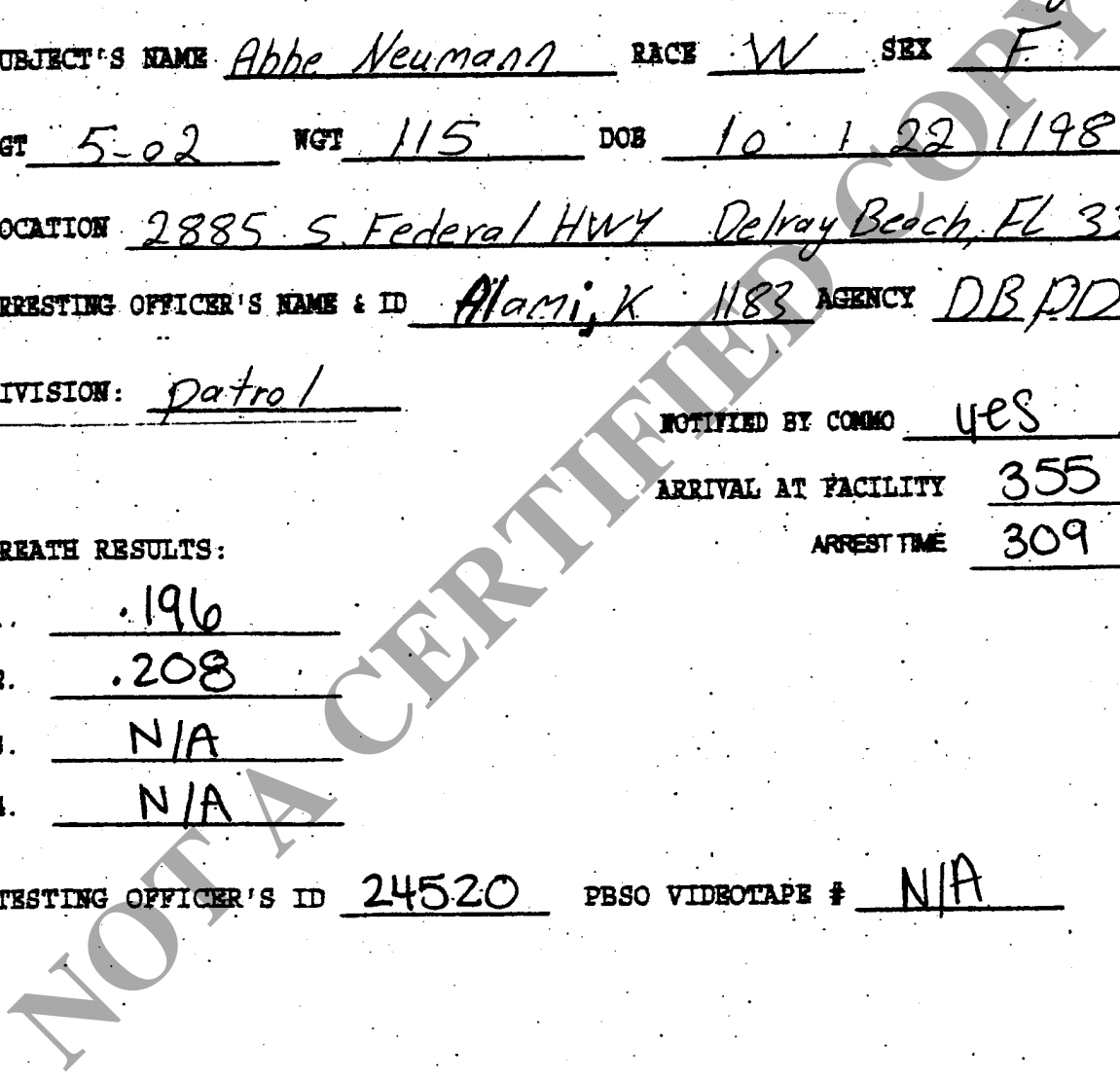
ARRIVAL AT FACILITY 355

ARREST TIME 309

**BREATH RESULTS:**

- 1. .196
- 2. .208
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24520      PBSO VIDEOTAPE # N/A





**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2019013010	<b>Date:</b> 04/20/2019
	<b>Specialist Name/ID:</b> AM/31562

SCAP  
APR 2