

0293585 NR

1027

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17088655							
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 8900 Block Lyons Rd Boynton Beach FL 33472				Location of Offense (Business Name, Address) 8900 Block Lyons Rd Boynton Beach FL 33472							
Date of Arrest 06/10/2017		Time of Arrest 21:43		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Van Gelder Arlene											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex F		Date of Birth 09/10/1946		Height 5'07		Weight 160		Eye Color Bro	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married		Religion Jewish		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/>		N <input type="checkbox"/>	
Local Address (Street, Apt. Number) 8895 Via Tuscany Dr		(City) Boynton Beach FL 33472		(State)		(Zip)		Phone (561) 704-8864		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source FL DL	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation Retired	
D/L Number, State V524000468300		Soc. Sec. Number		INS Number		Place of Birth (City, State) New York NY		Citizenship US			
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"/> Legal Custodian <input type="checkbox"/> Other:		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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input 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. Synthetics		U. Unknown Z. Other			
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17088655		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court Room Number, Address) 3228 Gun Club Rd West Palm Beach FL 33406											
Court Date and Time Month July Day 6 Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> 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 06/10/2017	
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arresting Officer) JUN 10 PM 11:51		Name Verification (Printed by Arresting Officer) (PRINT)		PAGE		1 OF 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Report		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. J. Schneider		I.D. # 8501		Transporting Officer Inv. J. Schneider		I.D. # 8501	
Agency PBSO		Agency PBSO		Witness here if subject signed with an "X"		Witness here if subject signed with an "X"		Witness here if subject signed with an "X"		Witness here if subject signed with an "X"	

CPL. D. HAWKINS #8138

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF June 20 17, AT 21:00 AM ☒ PM

SUBJECT: Van Gelder Arlene CASE NUMBER: 17088655

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Was observed driving on the wrong side of the roadway by PBSO volunteer

OBSERVATION OF DRIVER:

Walking to the vehicle I found the driver, a white female later identified as Arlene Van Gelder, was the sole occupant. Speaking with Van Gelder I noticed the odor of a unknown alcoholic beverage coming from her breath. Her speech was slurred and slow. She was also confused as to how she had mounted the curb and could not remember how she ended up facing the wrong way in traffic.

DRIVER'S STATEMENTS:

Van Gelder: What did I do that's so wrong

Investigator: "I think you have had a little too much to drink and were driving

Van Gelder: I agree with that

ODORS:

Distinct and pungent odor of a unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred and slow

ATTITUDE: Cooperative

CLOTHING: Red shirt, blue jeans, tan sandals

MEDICAL/OTHER: Stated None

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of June 20 17 by Inv. J. Schneider

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

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



Samantha Palmer

Commission # FF172377

Expires: OCT 28, 2018

BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
JUN 11 2017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

While attempting to perform this task Van Gelder failed to properly follow the stimulus. She also had to be placed in a seated position due to her inability to stand stationary and upright. She continued to stumble until being set down and while moving the stimulus she did not follow it with her eyes as instructed despite stating she understood multiple times:

FINGER TO NOSE:

Van Gelder stated she understood the instructions. Stating start she failed to obtain the instructed position with her head back and eyes closed. Reminding her to do so and after assuming that position I started with the commands. The first left command she failed to touch her finger to her nose and held it up right. The first left she raised her arm upright, failed to touch her finger to her nose, and kept it elevated contrary to my instructions. The second left she raised her arm upright, failed to touch her finger to her nose, and kept it elevated contrary to my instructions. The second right she raised her arm upright, failed to touch her finger to her nose, and kept it elevated contrary to my instructions. The third right she raised her left hand and held it upright however upon realizing her mistake she corrected it raising her right hand up failing to touch her finger to her nose and kept it elevated. The third left she raised her arm upright, failed to touch her finger to her nose, and kept it elevated contrary to my instructions.

ROMBERG ALPHABET:

Van Gelder stated she understood the instructions but tilted her head back and closed her eyes contrary to instruction. Stating start she failed to obtain the instructed position with her head back and eyes closed. Reminding her to do so and after assuming that position I instructed her to continue with the alphabet. Van Gelder stated the alphabet but did so in a rhythmic manner

HAND COORDINATION:

Van Gelder stated she understood the instructions after the second time, refused to allow me to explain again and was instructed to begin. Starting the task she began to walk forward while moving her hands. She counted and stumbled forward, failed to clap, and then moved her hands backwards stumbling backwards.

No additional tasks performed

BREATH TEST RESULTS: 1) .139 2) .131 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of June, 2017 by Inv. J. Schneider

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
JUN 11 2017

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	17088655	ZONE:	6-	SUSPECT:	Salvador Van Gelder	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	6/10/17 21:00
EVENT TYPE:	DUI	DEPUTY:	Schneider	ID#:	8501		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	LIEBERMAN	FIRST NAME:	JERRY	MIDDLE INITIAL:	S	RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 9-22-43	YOUR HEIGHT:	5'8 1/2	YOUR WEIGHT:	200	YOUR HAIR COLOR:	Brown	YOUR EYE COLOR:	Brown
YOUR HOME ADDRESS:	8325 Sinclair St.	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Bogart Beach	STATE:	FL	ZIP:	33472
YOUR WORK NAME & ADDRESS:	Redken	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE		
()		(561) 859-8646	(561)						

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	JERRY LIEBERMAN.	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I WAS TRAVELLING NORTH BOUND ON LYONS RD. AT BOGART BEACH BLV. A RED ACURA CAME THRU THE RED TRAFFIC LIGHT (IT WAS ON GREEN TURN ONLY) AND PROCEEDED NORTH BOUND. IT WAS GOING DOWN THE APPROXIMATELY 300 YDS NORTH THE CAR WENT INTO THE MEDIAN AND OUT AGAIN JUST NORTH OF THE ENTRANCE TO BOGART SHE WENT TO THE OPPOSITE SIDE OF THE ROAD AND UP ON TO THE MEDIAN WHERE IT STALLED OUT.</p>		
<p>NOTARY PUBLIC</p>		

SCANNED PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE.	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <input checked="" type="checkbox"/> Jerry Lieberman	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 6/10/17 TIME: 21:00
	SIGNATURE: [Signature] ID: 8501

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

WITNESS LIST

CASE NUMBER: 17088655

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3960

CAN TESTIFY TO: DUI and Crash Investigation

NAME: Volunteer Jerry Lieberman

ADDRESS: 8325 Siciliano St Boynton Beach FL 33472

PHONE NUMBERS (HOME) _____ (WORK) 561 859-3646

CAN TESTIFY TO: Driving pattern

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

SCANNED
JUN 11 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: VAN GELDER, ARLENE

CASE NUMBER: 17-088655

DATE: 06/10/2017

VIDEO DVD NUMBER: 62771

BEGINNING TIME: 2243

ENDING TIME: 2302

BREATH TESTS RESULTS: 1) .139 TIME 2249 A.M. ☐ P.M. ☒ 2) .131 TIME 2253 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: MUMBLED, SLURRED

ATTITUDE: UPSET, TALKATIVE, REPETITIVE, VULGAR, COOPERATIVE

CLOTHING: RED SHIRT, BLUE JEANS, TAN SANDALS

MEDICAL CONDITIONS: ANXIETY, HIGH BLOOD PRESSURE

MEDICATIONS: CELAPRAM, BABY ASPRIN

OTHER:

EYES GLASSY, UNSTEADY ON HER FEET, SWAYING, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH, ADMITTED TO DRINKING VODKA (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2220
SUBJECT AGREED TO TAKE BREATH TEST
TECH EXPLAINED INSTRUCTIONS TO BREATH TEST,
SUBJECT STATED SHE UNDERSTOOD INSTRUCTIONS.
SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY.
TECH READ TEST RESULTS, SUBJECT STATED SHE UNDERSTOOD RESULTS.
A/O READ RIGHTS, SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS.

SCANNED
JUN 11 2017

SUBJECT: Van Gelder, Arlene CASE NUMBER: 17-0881655

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 _____ of the _____.

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) _____

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.

SCANNED
JUN 11 2017

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT:

Van Gelder, Arlene

CASE NUMBER:

17 088655

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:

INV. Schneider #8501

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
JUN 11 2017

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: 80-006239 Software: 8100.27
Date of Test: 06/10/2017

Date of Last Agency Inspection: 06/02/2017
Observation Period Began: 22:20
Subject's Name: ARLENE VAN GELDER

DOB: 09/10/1946 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	22:46
Air Blank	0.000	22:46
Control Test	0.081	22:46
Air Blank	0.000	22:47
Subject Sample #1	0.139	22:49
Air Blank	0.000	22:50
Air Blank	0.000	22:52
Subject Sample #2	0.131	22:53
Air Blank	0.000	22:54
Control Test	0.080	22:54
Air Blank	0.000	22:55
Diagnostics Check	OK	22:55

Cylinder Lot: 646645
Exp: 12/05/2019

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: Samantha Palmer

Signature

Date: 06/10/17

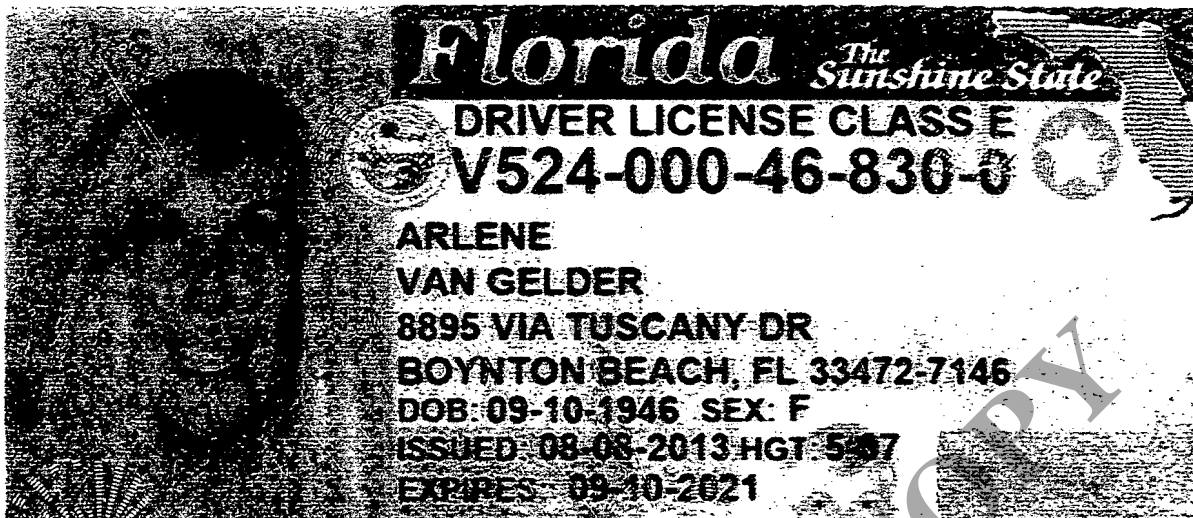
Sworn to (or affirmed) before me this 10 day of June, 2017

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.

RECEIVED
JUN 11 2017



Arlene Van Gelder

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED
JUN 11 2017