

J-0507408

17 MAY 5:12

P-2998

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19064337				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No				
	Location of Arrest (Including Name of Business) Old Congress Ave and Lantana Rd, Boynton Beach, FL 33462				Location of Offense (Business Name, Address) Old Congress Ave and Lantana Rd, Boynton Beach, FL 33462						
	Date of Arrest 04/26/2019	Time of Arrest 19:45	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Old Congress Ave and Lantana Rd, Boynton Beach, FL 33462				
Name (Last, First, Middle) Dozois, Ashley, Tiffany								Alias (Name, DOB, Soc. Sec. #, Etc.)			
DEFENDANT	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 9/6/1983	Height 5'05	Weight 125	Eye Color blue	Hair Color blonde	Complexion light	Build thin		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos- Rt Leg, Rt shoulder, Lf wrist				Marital Status Single	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 90 Pritchard Dr, Palm Coast, FL 32164				Phone (754) 264-3579		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 90 Pritchard Dr, Palm Coast, FL 32164				Phone ()		Address Source verbal/ driver's license				
	Business Address (Name, Street) (City) (State) (Zip) ()				Phone ()		Occupation Student/bartender				
	DL Number, State D220018838261, FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Manchester, NH		Citizenship USA		
CO-DEF	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth					
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth					
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone ()								
	<input type="checkbox"/> Legal Custodian		Business Phone ()								
	<input type="checkbox"/> Other:		Business 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 355-2528) 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							
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 Description Driving Under The Influence (DUI)(crash)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)(1)		Violation of ORD #				
Drug Activity U		Drug Type U	Amount / Unit N/A	Offense # 19064337	Warrant / Capias Number		Bond				
Charge Description Prescription drugs; unlawful possession		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 499.03(3)(1)		Violation of ORD #					
Drug Activity O		Drug Type P	Amount / Unit 1.8 grams	Offense # 19064337	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				
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996										
	Court Date and Time Month May Day 20 Year 2019 Time 0830 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) <i> Ashley Dozois</i>					Date Signed 04/26/2019						
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <i> [Signature]</i>			Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. Jacob Frey			(PRINT)					
	Intake Deputy <i> [Signature]</i>		Transporting Officer INV. Jacob Frey			I.D. # 9658					
Witness here if subject signed with an "X"		Agency PBSO			PAGE 54						

PROBABLE CAUSE AFFIDAVIT

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

Juvenile 1 N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-19064337
ADMIN	Charge Type: Check as many as apply.		Special Notes:	
	<input type="checkbox"/> 1. Felony	<input checked="" 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	

CHARGES	Name (Last, First, Middle) Dozois, Ashley, Tiffany		Aliases	Race W	Sex F	Date of Birth 9/6/1983
	Charge Description Driving Under The Influence (DUI)	316.193(3)(c)(1)	Charge Description Prescription drugs; unlawful possession	499.03(3)(1)		
	Charge Description		Charge Description			

VICTIM	Victim's Name (Last, First, Middle) State of Florida, ,		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				

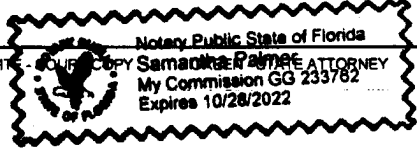
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____ that he/she 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 26 day of Apr 2019 at 1834 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 26Apr19 I had arrested Ashley Dozois for driving under the influence (DUI). During the inventory of her property I located an orange pill bottle in her tan purse. The pill bottle had the name "Stall, Joshua James" for "Clonazepam". The bottle contained white rectangular pills with the imprint "G 372 2" and a green oval pill with the imprint "S 902". I identified both pills as Alprazolam. She told me she had a prescription for the pills but was using her boyfriend's (Joshua Stall) pill bottle to carry them.

Based on my investigation Ashley Dozois had violated F.S.S. 499.03(3)-Unlawful Possession of Prescription Drugs. (1)

NOT A CERTIFIED COPY

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		INV. Jacob Frey
	(Signature of Arresting/Investigative Officer)		
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>26</u> day of <u>Apr</u> 20 <u>19</u> by <u>INV. Jacob Frey</u>		
	(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced		<u>Known</u>
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF Apr 20 19, AT 1834 AM PM

SUBJECT: Dozois, Ashley, Tiffany CASE NUMBER: 19064337

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. Jacob Frey

PERSONAL CONTACT

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

On 26Apr19 at approximately 1845hrs I arrived at the intersection of Lantana Rd and Old Congress Rd, Boynton Beach, in unincorporated Palm Beach County, in reference to a crash/driving under the influence (DUI) investigation.

Upon arrival I spoke to D/S Schwartz (13670). She told me she arrived on scene after the crash. She made contact with the white female driver of a tan Jeep (FL tag 468TRW). Upon making contact with her she told me she could smell the odor of an unknown alcoholic beverage coming from her.

I then spoke to Widline Eugene. She told me she was traveling northbound on Old Congress Rd at the intersection Lantana Rd with Cherrine Occius in the passenger seat. She stated she observed a gold Jeep traveling westbound on Lantana Rd. She said the vehicle was making a slow left turn to southbound Old Congress Rd, "inching" across the eastbound lanes. She told me a black Toyota sedan was traveling eastbound in the outside lane approaching the Jeep. She said the Toyota honked at the Jeep. The Toyota impacted the passenger's side of Jeep and caused it to roll over. Immediately after the crash she approached the Jeep with Cherrine. She stated in the driver's seat was a white female, later identified by her Florida driver's as Ashley Dozois. She pointed her out at the scene. She completed and signed sworn written statement.

I spoke to Cherrine. She told me she was traveling with Widline when she observed a "Caucasian woman w/ blonde hair, wearing a green shirt and blue jeans in the center waiting to turn". She identified the "woman" as Ashley and pointed her out at the scene. She stated the vehicle tried to turn several times and "paused as cars kept coming and swerving her". She said a black Toyota was approaching and "honked their horn" prior to the crash. Immediately after the crash she approached Ashley. She stated and told me there was a "hint of alcohol" on her. Cherrine completed and signed a sworn witness statement.

OBSERVATION OF DRIVER:

I then made contact with Ashely. She was walking and pacing around her vehicle. I immediately smelled the strong odor of an unknown alcoholic beverage coming from her breath. Her eyes were watery and bloodshot. Her eye makeup was running down her face. Her face was flush. When she spoke her speech was slurred. She was wearing a green blouse with flower print, torn blue jeans, and black sandals.

DRIVER'S STATEMENTS:

Post-Miranda she told me she had two glass of wine with family Halifax Plantation Country Club at approximately 1400hrs.

ODORS:

Strong odor of an unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: cooperative, emotional (crying), relaxed

CLOTHING: Green blouse (flower print), blue jeans (torn), black sandals

MEDICAL/OTHER: none stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

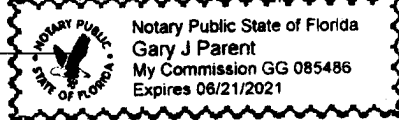
INV. Jacob Frey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of Apr 20 19 by INV. Jacob Frey

(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, APR 30 2019 (F.S.S. 117.10)



SUBJECT: Dozois, Ashley, Tiffany

CASE NUMBER 19064337

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

I checked her eyes for horizontal gaze nystagmus (HGN). Her eyes were watery and bloodshot. She had equal tracking and equal pupil size. Her body swayed. In both eyes she had lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and the onset of nystagmus prior to 45 degrees. She had vertical gaze nystagmus (VGN) but did not have lack of convergence (LOC). The task was performed on a dry and visually level surface.

WALK & TURN:

I instructed and demonstrated the walk and turn; she acknowledged she understood. She began to walk before instructed to do so. She could not stand as instructed and had to step off the line. She walked 9 steps forward failing to maintain heel to toe and stepped off the line. She turned incorrectly and stopped. She walked 8 steps back failing to maintain heel to toe and stepped off the line. The task was completed on a dry and visually level surface using a yellow tape line.

ONE LEG STAND:

I instructed and demonstrated the one leg stand; she acknowledged she understood. She placed her right foot down several times and stopped during the task. She hopped on her left foot and her body swayed. The task completed on a dry and visually level surface.

FINGER TO NOSE:

I instructed and demonstrated the finger to nose; she acknowledged she understood. Her body swayed. Her eyelids had tremors. She could not keep head tilted back. On several commands she touched the side of her nose and on every command she used the pad of her finger.

ROMBERG ALPHABET:

She told me she is in nursing school and has the equivalent of an associate's degree. She told me English was her primary language and knew the English alphabet. Her body swayed a she did not have her head tilted back. She recited the alphabet correctly. The task was completed on a dry and visually level surface.

I instructed the modified Romberg. She acknowledged she could estimate 30 seconds. Her estimate of 30 seconds was approximately 40 seconds. Her body swayed. The task was completed on a dry and visually level surface.

BREATH TEST RESULTS: .239 .251

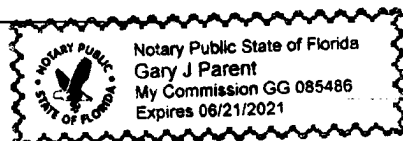
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of Apr 2019 by INV. Jacob Frey

(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)



TESTING FACILITY TASK REPORT

AGENCY: PPSC

SUBJECT: DOZOS, Anna T.

CASE NUMBER: 1700423

DATE: 07/26/18

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2038

ENDING TIME: 2055

BREATH TESTS RESULTS:

- 1) .239 TIME 2042 A.M./P.M. 2) .251 TIME 2046 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. P. [unclear]

MAINTENANCE TECHNICIAN: [unclear]

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET, CO-OPERATIVE

CLOTHING: BLUE JEANS, GREEN SHOES, BROWN LEATHER SHOES

MEDICAL CONDITIONS: NONE / NONE KNOWN

MEDICATIONS: IRISAN

OTHER: EYES CLASH AND BLOOD IN EYES, UPCR OF
AN UNKOWN ALCOHOL REFERENCE ON BREATH
A ADMITTED TO DRINKING 2 CUPS OF WINE (G+A)

COMMENTS: ARRIVED AT CENTER AT 2038, THE 20 MINUTE
UPPERMENTAL PERSON AT 2013 HRS.
A AGREED TO TAKE TEST
SHE READ RIGHTS AFTER REMOVING A THEY WERE
READ AT THE SCENE
A STATED SHE UNDERSTAND RIGHTS
THEY READ RIGHTS TEST RESULTS A SAID WHAT
THEY MEANT ALL ANSWERS 2 TIMES THE LIMIT
A TO CONDUCTED G+A
A ANSWERED QUESTIONS

SUBJECT: DOZOIS, ASHLEY T. CASE NUMBER: 19-064337

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.

SUSPECT'S SIGNATURE: (X) ASHLEY T. DOZOIS

SUBJECT: 002015, Ashley T. CASE NUMBER: 19-064337

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? Yes

WHERE WERE YOU GOING? South Florida

WHAT STREET OR HIGHWAY WERE YOU ON? I-95

DIRECTION OF TRAVEL? S WHERE DID YOU START? Palm Coast

WHAT TIME DID YOU START? 3:45-4 pm WHAT TIME IS IT NOW? 9 pm

WHAT IS TODAY'S DATE? 16th Apr WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 2:30 pm WHAT DID YOU EAT? French onion soup / ch. steak

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving

HOW MUCH DO YOU WEIGH? 125 HAVE YOU BEEN DRINKING? Yes WHAT? wine

HOW MUCH? 2 glass WHERE? 1605 Fair Plomacion WITH WHOM? Family

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:30 pm AND YOUR LAST DRINK? 3 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Normal

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH?

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? Business/insurance/Student WHEN DID YOU LAST WORK? 12:15 today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT?

ARE YOU SICK OR INJURED? NO WHAT'S WRONG?

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Pizza WHEN? 9:15 AM today

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? FL

INTERVIEWER: Mr. T. Frey 9656

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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: 80-006476 Software: 8100.27
Date of Test: 04/26/2019

Date of Last Agency Inspection: 04/19/2019
Observation Period Began: 20:13
Subject's Name: ASHLEY T DOZOIS

DOB: 09/06/1983 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	20:40
	Air Blank	0.000	20:41
	Control Test	0.079	20:41
	Air Blank	0.000	20:42
	Subject Sample #1	0.239	20:42
	Air Blank	0.000	20:43
	Air Blank	0.000	20:45
	Subject Sample #2	0.251	20:46
	Air Blank	0.000	20:47
	Control Test	0.078	20:47
	Air Blank	0.000	20:47
	Diagnostics Check	OK	20:47

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 GARY J PARENT, 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: 04/26/19
Signature

Sworn to (or affirmed) before me this 26 day of APRIL, 2019

Signature of Notary Public-State of Florida INV. J. FREY
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.

Sunshine State

DRIVER LICENSE CLASS E

D220-018-83-826-1

ASHLEY TIFFANY

EX2025

NO PREPARATION OR

EXAM REQUIRED FL 12184-9000

EXPIRES 03/23/2016

ISSUED 03/23/2016

EXPIRES 03/23/2016

Ashley Tiffany

ORGAN DONOR

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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19064337

ARRESTING OFFICER: INV. Jacob Frey

ADDRESS: 3228 Gun Club Rd, WPB

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Crash investigation, personal contact, SFST

NAME: D/S Schwartz (13670)

ADDRESS: 3228 Gun Club Rd, WPB

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: personal contact

NAME: Fleurinord, Schneider,

ADDRESS 5675 Lincoln Cir E, Lake Worth, FL 33463

PHONE NUMBERS (HOME) (561) 379-9729 (WORK) 0

CAN TESTIFY TO: driver, wheel witness, personal contact

NAME: Eugene, Widline,

ADDRESS 707 Sw 3rd Ave, Boynton Beach, FL 33426

PHONE NUMBERS (HOME) (754) 551-0317 (WORK) 0

CAN TESTIFY TO: wheel witness, personal contact

NAME: Occius, Cherrine,

ADDRESS 5373 Cedar Lake Rd Apt 1435, Boynton Beach, FL 33437

PHONE NUMBERS (HOME) (561) 232-5983 (WORK) 0

CAN TESTIFY TO: wheel witness, personal contact

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 _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
12-28-2023



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

Booking Number: 2019014024	Date: 4/27/2019
	Specialist Name/ID: LaToya Rouse/ #6673