

0503534

2020 CT005281 AMB

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2020-0006002</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies <b>1</b>		JUVENILE		
D E F E N D A N T	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>NOT APPLICABLE</b>		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) <b>971 VILLAGE BLVD- WPB, FL 33409</b>					Location of Offense (Business Name, Address) <b>2175 PALM BEACH LAKES BLVD, WEST PALM BEACH, FL</b>						
	Date of Arrest <b>04/05/2020</b>	Time of Arrest <b>18:32</b>	Booking Date <b>04/05/2020</b>	Booking Time <b>18:42</b>	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) <b>COOPER, BARBARA ELLEN</b>											
C O D E F	Alias:											
	Race W - White B - Black <b>W</b>	Sex M - Male F - Female <b>F</b>	Date of Birth <b>12/27/1979</b>	Height <b>5'06</b>	Weight <b>120</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>FAIR</b>	Build <b>Small</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>S</b>	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1401 VILLAGE BLVD 113, WEST PALM BEACH, FL 33463</b>					Home Phone <b>(703) 674-9994</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1401 VILLAGE BLVD 113, WEST PALM BEACH, FL 33463</b>					Mobile Phone		Address Source <b>VERBAL</b>				
	Business Address (Name, Street) (City) (State) (Zip)					Work Phone		Occupation <b>Therapist</b>				
	DVL Number, State <b>C160065799670 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>PALM BEACH</b>		Citizenship <b>US</b>			
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										
<input type="checkbox"/> Legal Custodian												
Address (Street, Apt. Number) (City) (State) (Zip)												
Notified by: (Name) _____ Date _____ Time _____												
Released To: (Name) _____ Relationship _____ Date _____ Time _____												
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.												
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Description of Property _____ Value of Property _____												
Yes, by: <input type="checkbox"/> No: <input type="checkbox"/>												
Drug Activity: S. Sell, B. Buy, P. Possess, R. Smuggle, D. Deliver, E. Use, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other												
C H A R G E	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) A</b>											
	Violation of ORD #											
	Bond											
	Charge Description											
	Statute Violation Number											
	Violation of ORD #											
	Bond											
	Charge Description											
Statute Violation Number												
Violation of ORD #												
Bond												
I N T A K E	Health / Apparent Physical Condition of Defendant											
	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries											
	Explain:											
	Check which applies: <input type="checkbox"/> Released O.R. <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 _____ 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>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>											
N O T I C E T O A P P E A R	Court Date and Time <b>07/16/2020 08:30:00</b>											
	3228 GUN CLUB ROAD											
	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 _____											
	I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. (703) 674-9994 INITIAL <input type="checkbox"/>											
	HOLD for Other Agency											
	Signature of Arresting Officer _____											
	Name Verification (Printed by Arrestee)											
	Name of Arresting Officer (Print) <b>THOMAS, MICAH</b> I.D. # <b>02094</b>											
	Transporting Officer <b>THOMAS, MICAH</b> I.D. # <b>2094</b> Agency <b>WPBPD</b>											
A D M I N	Witness here if subject signed with _____											
	APR 06 2020											

No Photo Available

APR - 6 AM 7:39

SCANNED

PAGE 1 OF 1

# WEST PALM BEACH POLICE DEPARTMENT

Case No:

2020006002

## Statement

Please fill out in full detail

Date of Statement	Month: April	Day: 5th	Year: 2020	Time: 1830
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Offense: DUI

Date of Offense:	Month: April	Day: 05	Year: 2020	Time: 1801
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Suspect (last, first, middle): Cooper, Barbara E.

Location of Offense: 275 Palm Beach Lakes Blvd. District:

Person Code:	Name (last, first, middle): Meier, Amber	Age:	DOB: 12/19/87	Race: W	Sex: F
Address Res.:	1657 Broadwina Rd Apt 715	Zip: 33409	Phone: 561 676 4195		
Address Bus.:		Zip:	Phone:		

Type of ID shown: DL AR ID# If applicable: 918354811

I, Amber Meier do hereby voluntarily make the following statement without threat, coercion, offer of benefit, or favor by any persons whomsoever.

I stopped at the Texaco to get gas. And I watched a woman throw a bottle out the window then try and pull forward almost running into the dumpster. I walked over to let her know she was dragging her front fender on the car. She said her husband was inside the store and I walked back to my car to pump gas. I watched her move from being parked in front of the dumpster to the second parking spot in front of the store. She almost jumped the safety bump and called 911 in fear she was gonna hurt herself or someone else.

Sworn to and subscribed before me, this <u>5</u> day of <u>April</u> , 2020	I swear/affirm the above and/or attached statements are correct and true.
Notary Public: <input type="checkbox"/> Law Enforcement Officer: <input checked="" type="checkbox"/> Name Key: <input type="checkbox"/>	Signature: <u>Amber Meier</u>
Personally Known: <input type="checkbox"/> Produced Identification: <input type="checkbox"/> Type: <input type="checkbox"/>	Victim's Rights Booklet provided? Yes <input type="checkbox"/> No <input type="checkbox"/>
My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.	I will testify in court and prosecute criminally. Initials: <u>AM</u>
Signature: _____ Date: _____ (Departmental policy prohibits use of this section in domestic violence cases.)	Miranda Warning Read? Yes <input type="checkbox"/> No <input type="checkbox"/> Page: _____ of _____

# DUI PROBABLE CAUSE AFFIDAVIT

On the 05 Day of April at 1832 hours A.M. P.M.

Subject: Cooper, Barbara E. Case Number: 20200006002

Agency: West Palm Beach Police Department Arresting Officer: M. Thomas 2094

## Personal Contact

### Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

Driver/sole occupant was originally observed in the parking lot at 2175 Palm Beach Lakes Blvd (Texaco) in a Brown 2016 Honda Accord bearing FL Tag: LWPT82. During this time, Driver threw an empty wine bottle into the garbage before entering vehicle. When driving, Driver almost crashed into the dumpster. After correcting positioning, Driver almost jumped the parking block in front of the store. It was at this time, Compl. was concerned enforce for the safety of Driver, Public, and Property that Compl. notified the City of West Palm Beach Police Department.

I located Honda in the area of Village Blvd./Community Drive. Driver then traveled a short distance before making a U-Turn in front of the community Driver lives in. I followed Driver in my fully marked patrol vehicle in order to obtain a driving pattern. Prior to making it to Community Drive, Driver crossed the southbound center intermittent lane marker with her driver's side twice. At the intersection of Community Drive and Village Blvd. Driver again began crossing over the center intermittent lane marker twice, this time there were vehicle in the front and on the side of Driver's vehicle. Realizing the Driver to be experiencing vehicle malfunction(s), sick, or impaired; I conducted a traffic stop. Driver came to a complete stop at the northern entrance of the Village Commons Shopping Center.

Also see Witness Sworn Victim/Witness Affidavit attached to this case file.

### Observation of Driver

Driver appeared intoxicated. The moderate odor of alcoholic beverage(s) emanated moderately from Driver's head and mouth area. Outside of the vehicle, the odor of alcoholic beverage(s) became more intense and unmistakable. Driver had lack of dexterity in fingers. Driver's eyes exhibited reddened conjunctiva. Driver speech was slow, slurred, and mumbled. Driver had difficulty maintaining a center balance as Driver staggered at times. Driver cried at times. Driver also appeared overwhelmingly tired. Vomit was observed on the Driver's door and left shoulder area.

### Drivers Statements:

Driver advised she was hearing impaired, however, Driver advised she understood when providing direction. Driver advised she had a condition in which all her organs are failing. Driver advised she had lupus.

### Odors:

The moderate odor of alcoholic beverage(s) emanated moderately from Driver's head and mouth area. Outside of the vehicle, the odor of alcoholic beverage(s) became more intense and unmistakable.

## General Observations

**Speech:** Slow, Slurred, & Mumbled

**Attitude:** Cooperative

**Clothing:** Multi-Colored Short Sleeve Shirt, Pink Short Pants, Black Sandals

**Medical Problems/Medications:** Celiac Disease, Auto-Immune Deficiency, & Diabetic (No Insulin)

**Other:** Conducting inventory of Driver's vehicle, a mostly full bottle of Yosemite Trail brand wine was on the front passenger seat. An unopened can of Four Loko brand malt liquor was on the front passenger seat, and a completely empty can of Four Loko brand malt liquor was observed on the front passenger floorboard.

According to the Driver and Vehicle Information Database (D.A.V.I.D) Driver has 2 previous convictions for DUI. Driver also has a 5 year revocation of her Driving privilege with knowledge received on 07/30/2019.

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Cooper, Barbara E. Case Number: 20200006002

## Roadside Tasks

### Horizontal Gaze Nystagmus

- |   |  |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly              | <input type="checkbox"/> Right Eye Does Not Follow Smoothly              |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less      | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

Slight

### Walk and Turn Task

During instructional phase, Driver couldn't stand as I stood. Driver had to be told once not to start task until requested. After completing example, Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver failed to make heel to toe contact, failed to count out loud, stopped to steady herself, turned improperly, and stepped off the line.

### One Leg Stand

During instructional phase, Driver started before being instructed to. After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver used left foot; placed foot on ground more than 3 times, used arms for balance, swayed, and failed to count out loud within the allotted 30 second time-frame.

### Finger To Nose

After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver was unable to touch the tip of her nose with the tip of her finger 6 out of 6 attempts. Driver had to be told numerous times to tilt head back and close eyes. The cadence requested was: Left, Right, Left, Right, Right, then Left.

### Romberg Balance

Did not conduct

## Breath Results from Instrument

1st Result

.125

2nd Result

SNL

3rd Result

If Applicable

.126

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

(DATE)

☐ Personally Known

☐ Produced Identification

☐ Notary Public

*[Signature]*  
Notary / Clerk of Courts / Officer (FSS: 117.10)

*[Signature]*  
Signature of Arresting Officer

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: WEST PALM BEACH PD  
Instrument Serial Number: 80-001235 Software: 8100.27  
Date of Test: 04/05/2020

Date of Last Agency Inspection: 03/31/2020

Observation Period Began: 19:04

Subject's Name: BARBARA E COOPER

DOB: 12/27/1979 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	19:32
	Air Blank	0.000	19:32
	Control Test	0.080	19:33
	Air Blank	0.000	19:33
	Subject Sample #1	0.125	19:35
	Air Blank	0.000	19:36
	Air Blank	0.000	19:37
	Subject Sample #2	SNL*	19:41
	Air Blank	0.000	19:41
	Air Blank	0.000	19:43
	Subject Sample #3	0.126	19:44
	Air Blank	0.000	19:45
	Control Test	0.080	19:45
	Air Blank	0.000	19:46
	Diagnostics Check	OK	19:46

\*Slope Not Level (0.111 - Breath Sample Not  
Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 24818080A2  
Exp: 10/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (X) is personally known to me or  
( ) produced NO ID as identification, and who after being placed under oath,  
states:

I MICHAEL L THOMAS, 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] 2094 Date: 04/05/2020  
Signature

Sworn to (or affirmed) before me this 05 day of April, 2020

[Signature] 2094 Gesner Michael 2041  
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.

DEFENDANT: Cooper, Barbara E.

CASE NUMBER: 20200006002

## 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 OPERATION 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 FROM? \_\_\_\_\_

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(3) HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGHT? \_\_\_\_\_

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 YOUR 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? \_\_\_\_\_

WHEN? \_\_\_\_\_

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 CORRECTABLE 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: \_\_\_\_\_

M. Thomas 2094

SUBJECT: Cooper, Barbara E.

CASE NUMBER: 20200006002

## **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.

OR

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

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

I am M. Thomas 2094 of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: \_\_\_\_\_ Read/Consented @ 1924 hours

## **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 can not 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.

SUBJECTS SIGNATURE: \_\_\_\_\_ Invoked Rights



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

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

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2020009996

**Date:** 04/06/2020

**Specialist Name/ID:** AM/31562



THOMAS  
(02094)

20200006002



COMPLAINT

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

FLORIDA DUI UNIFORM TRAFFIC CITATION

AC6NLGE

COUNTY OF <b>PALM BEACH</b>		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) <b>WEST PALM BEACH</b>		AGENCY NAME <b>WEST PALM BEACH POLICE</b>	
		AGENCY # <b>94</b>	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK <b>SUNDAY</b>	MONTH <b>04</b>	DAY <b>05</b>	YEAR <b>2020</b>
TIME <b>06:32</b>		<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
NAME (FIRST, MIDDLE, LAST) <b>BARBARA ELLEN COOPER</b>			
STREET <b>1401 VILLAGE BLVD - 113</b>			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "I" HERE			
CITY <b>WEST PALM BEACH</b>		STATE <b>FL</b>	ZIP CODE <b>33463</b>
TELEPHONE NUMBER <b>(703)674-9994</b>	DATE OF BIRTH <b>12 27 1979</b>	SEX <b>W</b>	THIRD <b>506</b>
DRIVER LICENSE NUMBER <b>C 1 6 0 0 6 5 7 9 9 6 7 0</b>			
STATE <b>FL</b>			
CLASS <b>ID</b>			
CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
VR LICENSE EXP. DATE <b>2024</b>			
COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
VR VEHICLE <b>2016 HOND 4D BLK</b>			
VEHICLE LICENSE NO. <b>LWPT82</b>			
STATE <b>FL</b>			
YEAR TAG EXPIRES <b>2020</b>			
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>2175 PALM BEACH LAKES BLVD, WEST</b>			
PALM BEACH			
COMPARISON CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FT. _____ INCHES _____ OF NOSE _____			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.126**

COMMENTS PERTAINING TO OFFENSE: **See Dul** ☐ YES ☒ NO

DRIVING WHILE UNDER INFLUENCE | **See Dul** ☐ YES ☒ NO

☐ AGGRESSIVE DRIVER ☐ PASSENGER 15 YEARS ☐ STATE STATUTE ☐ SECTION **316.193** SUB-SECTION **(1)**

CLASH ☐ YES ☒ NO DAMAGE TO OTHER PROPERTY ☐ YES ☒ NO INJURY TO ANOTHER ☐ YES ☒ NO SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☒ NO FATAL ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE **07/16/2020** TIME **08:30 AM** **AC6NLGE**  
**CRIMINAL JUSTICE COMPLEX**  
**3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406,**

ARREST DELIVERED TO **PBCJ** DATE **04/05/2020**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☐ YES ☒ NO REASON **REVOKED 07/30/2019**  
ELIGIBLE FOR PERMIT? ☐ YES ☒ NO REASON **REVOKED**

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE. THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER **2094** BADGE NO. \_\_\_\_\_ ID NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_  
HSMV 75904 (Rev. 10/14)

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE 