

0507083

19CT 6924 1348
ARREST / NOTICE TO APPEAR

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

| | | | | | | | | | | | | |
|--|---|--|---|--|---|--|---|--|---|--|---|--|
| AD M I N I S T R A T I O N | OBT# Number | | Agency ORI Number 0500400 | | Agency Name Delray Beach Police Department | | Agency Report Number (N.T.A.'s only) 4, 0 19-006053 | | Multiple Clearance Indicator 1 | | | |
| 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 type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other | | If Weapon Seized Enter Type None/not Applicable | | Location of Offense (Business Name, Address) 300 S CONGRESS AVE, DELRAY BEACH, FL 33445 | | Jail Date | | Jail Time | | Location of Vehicle | |
| | Date of Arrest 04/16/2019 | | Time of Arrest 01:37 | | Booking Date 04/16/2019 | | Booking Time 01:47 | | | | | |
| C O D E D | Name (Last, First, Middle) GAGLIARDI, BARBARA | | Alias: | | Place of Birth (City, State) PENNSYLVANIA, PA. | | Citizenship US | | Race <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 | | Build 5'11" | |
| | Sex W | | Date of Birth 07/13/1954 | | Height 5'04" | | Weight 125 | | Eye Color BROWN | | Hair Color BLOND OR | |
| | Complexion FAIR | | Marital Status S | | Religion NOT INDICA | | Intoxication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/> | | Intoxication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/> | | Residence Type 1. City 2. County 3. Out of State 4. Out of State | |
| | Local Address (Street, Apt. Number) 5747 CAMINO DEL SOL 400, BOCA RATON, FL 33433 | | (City) (State) (Zip) | | Phone (561) 479-9972 | | Address Source VERBAL | | Occupation | | | |
| J U V E N I L E | Permanent Address (Street, Apt. Number) 5747 CAMINO DEL SOL 400, BOCA RATON, FL 33433 | | (City) (State) (Zip) | | Phone (561) 479-9972 | | Occupation | | | | | |
| | Business Address (Name, Street) | | (City) (State) (Zip) | | Phone | | Occupation | | | | | |
| C O D E D | D.C. Number, State G246060547530 / FL | | Sec. Sec. Number | | INS Number | | Place of Birth (City, State) PENNSYLVANIA, PA. | | Citizenship US | | Arrested <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 | | Arrested <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 | | Residence Phone | |
| N O T I C E T O A P P E A R | Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | | Arrested <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 | | Residence Phone | |
| | Parent <input type="checkbox"/> Other <input type="checkbox"/> | | Legal Custodian <input type="checkbox"/> | | Name (Last, First, Middle) | | (City) (State) (Zip) | | Business Phone | | | |
| N O T I C E T O A P P E A R | Notified by (Name) | | Date | | Time | | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated | | | | | |
| | Released To (Name) | | Relationship | | Date | | Time | | | | | |
| C H A R G E | 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. Struggle D. Deliver E. Use | | K. Dispense/ 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/Opiv | | P. Paraphernalia/ Equipment | | S. Synthetic | | U. Unknown Z. Other | |
| | Charge Description DRIVING WHILE UNDER INFLUENCE | | Amount / Unit | | Offense # 19-006053 | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number 316.193(1) | |
| C H A R G E | Charge Description | | Amount / Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | |
| | Charge Description | | Amount / Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | |
| I N T A K E | 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"/> Deformation <input type="checkbox"/> Injuries | | PROPERTY - Received By | | Released By | | Released To | |
| | Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond | | <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health | | <input checked="" type="checkbox"/> TOT County Jail | | Date Transported | | Time Transported | | Other | |
| N O T I C E T O A P P E A R | 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) South County 200 W Atlantic Ave Delray Beach, FL 33444 | | Court Date and Time 05/13/2019 08:30:00 | | | | | | No Photo Available | |
| | 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 | | | | | | | | | | | |
| A D M I N I S T R A T I O N | Signature of Defendant (or Juvenile and Parent/Custodian) | | Date Signed | | Name Verification (Printed by Arresting Officer) | | Signature of Arresting Officer GREEN, TRAVIS | | LD # 1155 | | Agency DBPD | |
| | HOLD for Other Agency | | Signature of Arresting Officer (Print) | | LD # 1155 | | Agency DBPD | | Name Verification (Printed by Arresting Officer) | | PAGE 1 OF 1 | |

APR 17 2019

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1 JUVENILE

| | | |
|--|--|--|
| Agency ORI Number FL 0500400 | Agency Name DELRAY BEACH POLICE DEPARTMENT | Agency Report Number 4 0 19-006053 |
| 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) GAGLIARDI, BARBARA | Age | Race W | Sex F | Date of Birth 07/13/1954 |
|---|-----|------------------|-----------------|------------------------------------|

| | |
|---|--------------------|
| Charge Description 316.193(1) DRIVING WHILE UNDER INFLUENCE | Charge Description |
| Charge Description | Charge Description |

| | | | |
|--|----------------|-------|---------------|
| Victim's Name (Last, First, Middle) STATE OF FLORIDA, | Race | Sex | Date of Birth |
| Local Address (Street, Apt. Number) 605 SUWANNEE STREET, TALLAHASSEE, FL 32399 | City | State | Zip |
| Phone (561) - | 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 16 day of April, 2019 at 02:23 (Specifically include facts constituting cause for arrest.)

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

On April 16, 2019, while on my routine patrol in the 200 block of South Congress Ave, I observed a white Chevy Impala bearing FL tag 804WJ. The vehicle violated F.S.S 316.081 driving the wrong way approaching oncoming traffic. The vehicle continued going the wrong way southbound into the 300 block S Congress Ave. I activated my lights and sirens to pull the vehicle over. The vehicle then drove over the stationary median in attempt to drive upon the right half. I made contact with the driver who was identified as Barbara Gagliardi. I asked Gagliardi for her driver's license, registration, and proof of insurance. Gagliardi stated she did not have her driver's license on her at the time. Gagliardi provide me with her passport.


I asked Gagliardi was she able to complete multiple field sobriety task in order to dispel my fears that she is under the influence, she said, "yes".

The following task were given, but they were not completed by Gagliardi. Horizontal Gaze Nystagmus, Walk and Turn, One Leg Stand, Finger to Nose, and Romberg Alphabet.

While under oath, Gagliardi stated she was lost and took a wrong turn. Gagliardi took it upon her right to request for a lawyer. It is to be noted, all interviewing and questioning seized.

Gagliardi breath results were .225 and .226. Gagliardi is in violation of F.S.S 316.193(1).

Due to the above-stated facts, probable cause exists to Barbara Gagliardi with Driving under the influence pursuant to F.S.S 316.193(1).

| | |
|--|--|
| SWORN AND SUBSCRIBED BEFORE ME MITCHELL RICKEY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10) 04/16/2019 DATE |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GREEN, TRAVIS (1155) NAME OF OFFICER (PLEASE PRINT) 04/16/2019 DATE |
|--|--|

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF APRIL 20 19 AT 12:01 AM PM
SUBJECT: BARBARA GAGLIARDI CASE NUMBER: 19-006053
AGENCY: DELRAY BEACH ARRESTING OFFICER: GREEN 1155

PERSONAL CONTACT

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

While on my routine patrol in the 200 block of S Congress Ave, I observed a white Chevy Impala driving on the wrong side of the road. The vehicle continued southbound on S Congress Ave. I activated my lights and sirens to pull the vehicle over. The vehicle then drove over the stationary median attempting to be in the right of way going southbound. The vehicle came to a complete stop in the 300 block S Congress Ave.

OBSERVATION OF DRIVER:

The offender appeared to be impaired, had red and glassy eyes, slow movements and slow blinking, flush face, and I could smell a strong odor of an unknown alcoholic beverage coming from the defendants breath. I asked for the defendants license and registration to which she could not provide. The defendant provided me with her United States passport. The defendant could not provide me with the registration and insurance upon my request. The defendant was unsteady on her feet and had a hard time keeping her balance during road sides.

DRIVER'S STATEMENTS:

The defendant stated she was unfamiliar with the area. The defendant stated she took a wrong turn is why she was driving the wrong way. I asked the defendant was she under the influence of alcohol she said, "no". Later at the BAT the defendant stated she want a lawyer.

ODORS:

The defendant had the odor of an unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: slow, repetitive, slurred

ATTITUDE: uncooperative,

CLOTHING: yellow shirt, black jeans, black slippers

MEDICAL/OTHER: leukemia patient. BREATH TESTING IS VIDEO RECORDED AND IN CAR VIDEO

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of April 20 19 by _____

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

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

CONFIRMED
APR 17 2019

SUBJECT: BARBARA GAGLIARDI

CASE NUMBER 19-006053

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

The defendant stated that she understood my instructions. The defendant could not keep her balance during the instructional portion of this task. The defendant started the task too soon. The defendant could not complete a heel to toe on every step of this task. The defendant could not complete this task.

ONE LEG STAND:

The defendant stated she was unfit to perform this task.

FINGER TO NOSE:

The defendant stated that she understood my instructions. The defendant could not keep her index fingers pointed and to the side. The defendant could not keep her feet together during this task. The defendant could not keep her balance during the instructional portion of this task. The defendant started the task too soon. This task was not completed.

ROMBERG ALPHABET:

This task was not complete do to the defendant continuing to say, " can not hear you, I am legally deaf". Due to the defendant inability to hear my instructions, this task was not completed.

BREATH TEST RESULTS: 1) .225 | 2) .226 | 3) N/A | 4) N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 1155
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of April 20 19 by _____

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

[Signature]
Notary Public, Clerk of Court, Officer (P.S.S 117.10)

APR 17 2019

WITNESS LIST

CASE NUMBER: 19-008053

ARRESTING OFFICER: OFC GREEN

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33445

PHONE NUMBERS (HOME): 561-243-7800 (WORK) _____

CAN TESTIFY TO: DUI

NAME: OFC CULBERTSON

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33445

PHONE NUMBERS (HOME): 561-243-7800 (WORK) _____

CAN TESTIFY TO: DUI

NAME: OFC GIEGER

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33445

PHONE NUMBERS (HOME): 561-273-7800 (WORK) _____

CAN TESTIFY TO: DUI

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

APR 17 2019

SUBJECT: _____ CASE NUMBER: _____

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) _____

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

TESTING FACILITY TASK REPORT

AGENCY: DBPU

SUBJECT: ... CASE NUMBER: 11 000227

DATE: 04/12/11 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 01:20 ENDING TIME: 02:01

BREATH TESTS RESULTS: 1) .223 TIME 01:11 A.M./P.M. 2) .226 TIME 02:04 A.M./P.M.

3) n/a TIME --- A.M./P.M. 4) n/a TIME --- A.M./P.M.

BREATH OPERATOR: ...

MAINTENANCE TECHNICIAN: ...

TESTING OFFICER'S OBSERVATIONS

SPEECH: ...

ATTITUDE: ...

CLOTHING: ...

MEDICAL CONDITIONS: ...

MEDICATIONS: ...

OTHER: ...

COMMENTS: ...

...

...

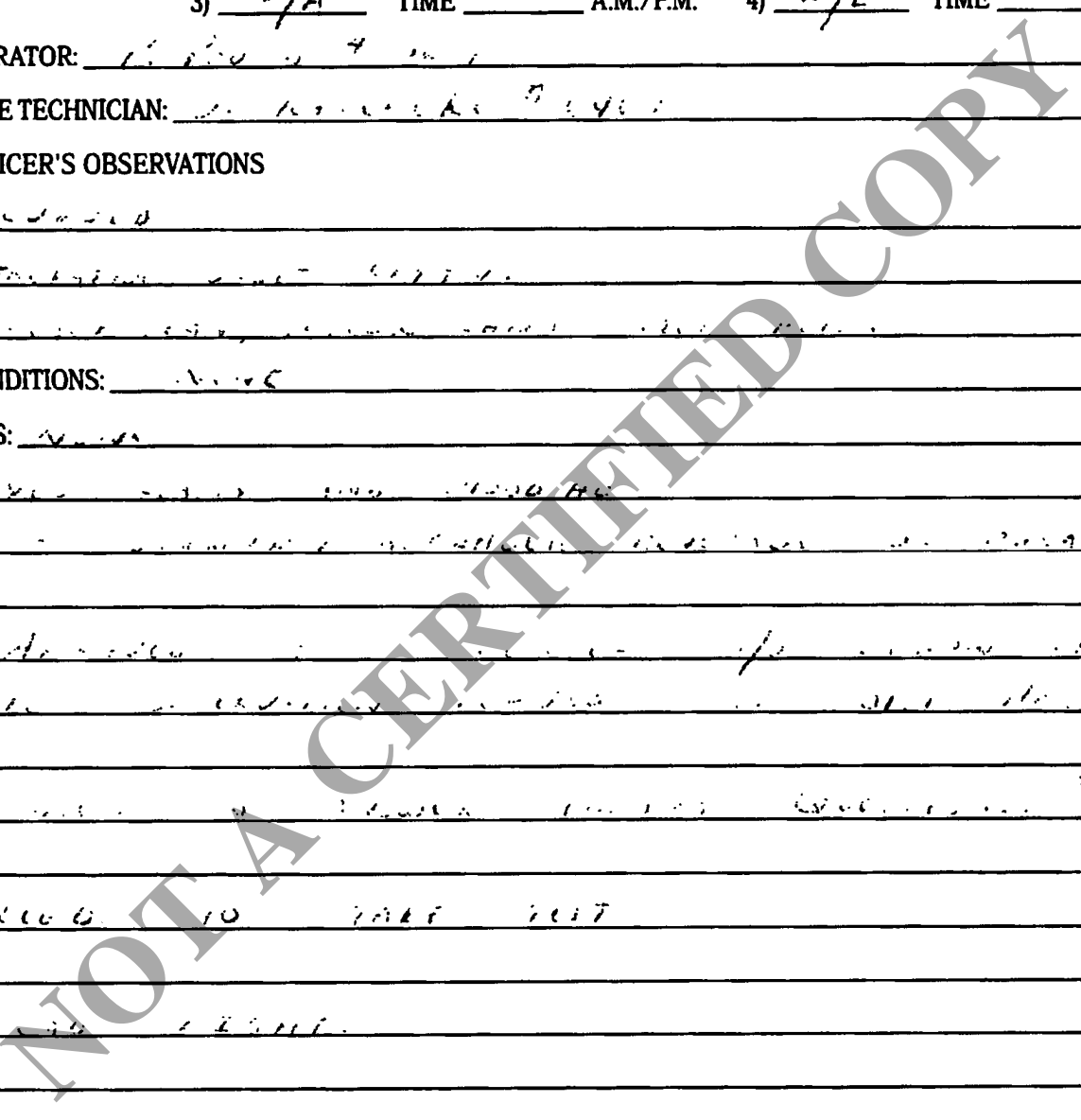
...

...

...

...

...



APR 17 2011



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

PBSO CASE # 19-060227 PBSO ZONE 4-22

AGENCY CASE # 19-006053 CRASH CASE # _____

TIME OF STOP/CRASH 00:01 hrs DATE 4-16-19 DAY Tuesday

SUBJECT'S NAME Barbara Gagliardi RACE W SEX F

HGT 5'4 WGT 155 lbs DOB 07 / 13 / 54

LOCATION 300 Blk S congress Av

ARRESTING OFFICER'S NAME & ID Green 1155 AGENCY Delray Beach

DIVISION: Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 01:18

ARREST TIME 00:39

BREATH RESULTS:

1. .225

2. .226

3. N/A

4. N/A

TESTING OFFICER'S ID 24639

PBSO VIDEOTAPE # N/A

APR 17 2019

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: 04/16/2019

Date of Last Agency Inspection: 03/15/2019
Observation Period Began: 01:18
Subject's Name: BARBARA GAGLIARDI

DOB: 07/13/1954 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 | 01:56 |
| | Air Blank | 0.000 | 01:56 |
| | Control Test | 0.081 | 01:56 |
| | Air Blank | 0.000 | 01:57 |
| | Subject Sample #1 | 0.225 | 01:59 |
| | Air Blank | 0.000 | 01:59 |
| | Air Blank | 0.000 | 02:01 |
| | Subject Sample #2 | 0.226 | 02:02 |
| | Air Blank | 0.000 | 02:03 |
| | Control Test | 0.078 | 02:03 |
| | Air Blank | 0.000 | 02:04 |
| | Diagnostics Check | OK | 02:04 |

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 PARIS D POUND, 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: 04/16/19

Sworn to (or affirmed) before me this 16th day of APRIL, 2019

Signature of Notary Public-State of Florida

1155 OFF. T. GREEN
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.

APR 17 2019

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: _____



Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|-------------------------------------|---|--|----------------|
| I/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"/> | 539.003 | Other: Florida Pawnbroking Act | |
| | <input type="checkbox"/> | 119.0712(2)(b) | Other: Personal information contained in a motor vehicle record. | |

REVIEW COMPLETED BY

| | |
|----------------------------|---------------------------------|
| Booking Number: 2019012620 | Date: 04/16/2019 |
| | Specialist Name/ID: WATSON/6665 |

APR 17 2019