

**ARREST / NOTICE TO APPEAR**  
Juvenile Referral Report

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

Juvenile  N

<b>OBTS Number</b>	<b>Agency ORI Number</b> FLO 500000		<b>Agency Name</b> PALM BEACH COUNTY SHERIFF'S OFFICE		<b>Agency Report Number (N.T.A.'s only)</b> 06-19-048623	
<b>Charge Type:</b> 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	<b>Weapon Seized / Type</b> 2 1. Yes NONE 2. No		<b>Multiple Clearance Indicator</b> 01
<b>Location of Arrest (Including Name of Business)</b> 2635 SOUTH SR 7 WELLINGTON, FL 33414			<b>Location of Offense (Business Name, Address)</b> 2635 SOUTH SR 7 WELLINGTON, FL			
<b>Date of Arrest</b> 03/15/2019	<b>Time of Arrest</b> 23:19	<b>Booking Date</b>	<b>Booking Time</b>	<b>Jail Date</b>	<b>Jail Time</b>	<b>Location of Vehicle</b> PRIORITY TOWING
<b>Name (Last, First, Middle)</b> DAVIS, CHANTAL, MARIA			<b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>			
<b>Race</b> W - White I - American Indian B - Black O - Oriental/Asian	<b>Sex</b> W F	<b>Date of Birth</b> 12/17/1978	<b>Height</b> 5'06"	<b>Weight</b> 130	<b>Eye Color</b> BRW	<b>Hair Color</b> BRW
<b>Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)</b> LEFT SHOULDER BLADE: "DOLPHIN w/SHAMROCK"			<b>Marital Status</b> Married	<b>Religion</b> CATHOLIC	<b>Indication of:</b> Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
<b>Local Address (Street, Apt. Number)</b> 3013 GRANDIFLORA DRIVE			<b>(City)</b> LAKE WORTH, FL	<b>(State)</b> FL	<b>(Zip)</b> 33467	<b>Phone</b> (561) 452-6078
<b>Permanent Address (Street, Apt. Number)</b>			<b>(City)</b>	<b>(State)</b>	<b>(Zip)</b>	<b>Residence Type:</b> 1. City 2. County 3. Florida 4. Out of State
<b>Business Address (Name, Street)</b>			<b>(City)</b>	<b>(State)</b>	<b>(Zip)</b>	<b>Address Source</b> FLORIDA DRIVER LICENSE
<b>D/L Number, State</b> D120-113-78-957-0; FLORIDA			<b>Soc. Sec. Number</b>	<b>INS Number</b>	<b>Place of Birth (City, State)</b> IRELAND	<b>Citizenship</b> US
<b>Co-Defendant Name (Last, First, Middle)</b>			<b>Race</b>	<b>Sex</b>	<b>Date of Birth</b>	<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
<b>Co-Defendant Name (Last, First, Middle)</b>			<b>Race</b>	<b>Sex</b>	<b>Date of Birth</b>	<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:			<b>Residence Phone</b>			
<b>Address (Street, Apt. Number)</b>			<b>(City)</b>	<b>(State)</b>	<b>(Zip)</b>	<b>Business Phone</b>
<b>Notified by: (Name)</b>			<b>Date</b>	<b>Time</b>	<b>Juvenile Disposition</b> 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
<b>Released To: (Name)</b>			<b>Relationship</b>			<b>Date</b> <b>Time</b>
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)					<b>School Attended</b> <b>Grade</b>	
<b>Property Crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Description of Property</b>			<b>Value of Property</b>
<b>Drug Activity</b> N. N/A P. Possess	<b>S. Sell</b> B. Buy T. Traffic	<b>R. Smuggle</b> D. Deliver E. Use	<b>K. Dispense/Distribute</b>	<b>M. Manufacture/Produce/Cultivate</b>	<b>Z. Other</b>	<b>Drug Type</b> N. N/A A. Amphetamine
						<b>B. Barbiturate</b> C. Cocaine E. Heroin
						<b>H. Hallucinogen</b> M. Marijuana O. Opium/Deriv.
						<b>P. Paraphernalia/Equipment</b> S. Synthetics
						<b>U. Unknown</b> Z. Other
<b>Charge Description</b> DRIVING UNDER THE INFLUENCE		<b>Counts</b> 1	<b>Domestic Violence</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Statute Violation Number</b> 316.193(1)		<b>Violation of ORD #</b>
<b>Drug Activity</b> N	<b>Drug Type</b> N	<b>Amount / Unit</b> NONE	<b>Offense #</b> 19-048623	<b>Warrant / Capias Number</b>		<b>Bond</b>
<b>Charge Description</b>		<b>Counts</b>	<b>Domestic Violence</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Statute Violation Number</b>		<b>Violation of ORD #</b>
<b>Drug Activity</b>	<b>Drug Type</b>	<b>Amount / Unit</b>	<b>Offense #</b>	<b>Warrant / Capias Number</b>		<b>Bond</b>
<b>Charge Description</b>		<b>Counts</b>	<b>Domestic Violence</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Statute Violation Number</b>		<b>Violation of ORD #</b>
<b>Drug Activity</b>	<b>Drug Type</b>	<b>Amount / Unit</b>	<b>Offense #</b>	<b>Warrant / Capias Number</b>		<b>Bond</b>
<b>Charge Description</b>		<b>Counts</b>	<b>Domestic Violence</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Statute Violation Number</b>		<b>Violation of ORD #</b>
<b>Drug Activity</b>	<b>Drug Type</b>	<b>Amount / Unit</b>	<b>Offense #</b>	<b>Warrant / Capias Number</b>		<b>Bond</b>
<b>Location (Court, Room Number, Address)</b> CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406						
<b>Court Date and Time</b> Month APRIL Day 11th Year 2019 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.						
<b>Signature of Defendant (or Juvenile and Parent /Custodian)</b> <i>[Signature]</i>			<b>Date Signed</b> 03/15/2019 16:43			
<b>HOLD for other Agency</b> Name:		<b>Signature of Arresting Officer</b> <i>[Signature]</i>		<b>Name Verification (Printed by Arrestee)</b> <i>[Signature]</i>		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	<b>Name of Arresting Officer (Print)</b> INV. J. SCHAEFER		<b>ID #</b> 8777		
<b>Incident Deputy</b> <i>[Signature]</i>	<b>ID #</b> 686	<b>Pouch #</b>	<b>Transporting Officer</b> INV. J. SCHAEFER	<b>ID #</b> 8777	<b>Agency</b> PBSO	<b>Witness here if subject signed with</b>

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.)

0506245

SCANNED  
MAR 18 2019  
3767

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest	3. Request For Warrant	1	Juvenile	<input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>19-048623</b>		
Charge Type Check as many as apply		Special Notes							
<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									
Defendant Name (Last, First, Middle) <b>Davis Chantal M</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/17/1978</b>			
Charge <b>D.U.I</b>		Charge							
Charge		Charge							
Victim Name (Last, First, Middle) <b>State of Florida</b>				Race	Sex	Date of Birth			
Local Address (Street, Apt. Number)		City	State	Zip	Phone		Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
I the undersign 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...									
<input checked="" type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.							
<input type="checkbox"/> confessed to admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the <b>15th</b> day of <b>March</b> 20 <b>19</b> at <b>10:20</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

**Supplemental PC**

While paroling in the Village of Wellington, I was notified of possible impaired driver, a white Buick Regal hitting curbs and driving recklessly. Upon entering the parking lot of 2635 S State Rd 7, I saw a white Buick with Florida tag 639MVM driving slowly in the parking lot. The driver of the Buick saw my marked patrol vehicle, then turned down one of the lanes and attempted to park. The Buick came to a stop and was stopped at an angle in two spaces. I made contact with the driver a white female Chantal Davis (identified by her Florida Driver License). There was a strong alcohol odor coming from Davis' breathe and her eyes were blood shot. When Davis started to talk her speech was slurred. When asked where she had come from, Davis stated a restaurant but did not know which one. When asked if she knew where she was, Davis said no. Davis stated that she was visibly impaired and needed her glasses. I looked at her license and it did not state that she needed corrective lenses. When asked where her glasses were, Davis said she did not know. Due to this indicators I requested for a PBSO DUI Investigator to respond. INV J. Schaefer came out and conducted a DUI investigation.

NOT A

**SCANNED**  
**MAR 18 2019**

The foregoing instrument was sworn to and affirmed before me this <u>15th</u> day of <u>March</u> 20 <u>2019</u> , by:	
<u>INV J. Schaefer</u>	<u>D/S F. Schofield</u> <span style="float: right;">8842</span>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <i>Inv. J. Schaefer</i>	Name of Arresting/Investigating Officer <i>D/S F. Schofield</i>

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF MARCH 20 19, AT 22:22 AM  PM  
SUBJECT: DAVIS, CHANTAL, MARIA CASE NUMBER: 19-048623

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

## PERSONAL CONTACT

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

On 03/15/2019 at approximately 22:33hrs, I was called to the scene of a traffic stop at the "Whole Foods" located at 2653 South State Road 7, which is located in the Village of Wellington, Palm Beach County, Florida. I arrived at the scene at approximately 22:56hrs. D/S Franklin Schofield #8842 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had stopped the defendant's vehicle, a 1997 white Buick Le Sabre bearing FL tag, in response to a dispatched call of a driver possible being impaired. The caller stated the vehicle was hitting curbs and running stop signs. D/S Schofield noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Schofield identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

### OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as "CHANTAL MARIA DAVIS", I immediately detected a very obvious and very strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Davis. Davis had glassy, glazed, and blood shot eyes. Davis' speech was slurred, slow, thick, and at times difficult to understand. Davis' movements were slow, deliberate, and lethargic with poor coordination. Davis had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to her. Davis was wearing a brown print top, white pants, and black heels. All the clothing appeared neat.

### DRIVER'S STATEMENTS:

Pre-Miranda: When asked if she knew where she was Davis stated 10th Avenue North and Jog Road when we were in Wellington. Davis also stated that she was blind and visually impaired and only drives at night. Davis stated she had "too much to drink."

Davis consented to breath and made post Miranda admissions [REDACTED]

### ODORS:

A very strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area which intensified as I spoke to Davis.

## GENERAL OBSERVATIONS

SPEECH: Davis' speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: indifferent, polite, cooperative, emotional

CLOTHING: brown print top, white pants, and black heels

MEDICAL/OTHER: Davis stated she was visually impaired and blind.

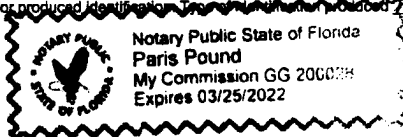
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*  
Signature of Arresting/Investigative Officer

I, foregoing instrument, was sworn to or affirmed and subscribed before me this 15th day of MARCH 20 19 by INV. J. SCHAEFER

Print Name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. The person who is personally known to me is PERSONALLY KNOWN LEO

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



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MAR 18 2019

**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:**

Davis would sway roughly in a side to side front to back pattern throughout the task. Davis did not touch the tip of the pen as directed to positively identify the point to be tracked. Davis was reminded numerous times to track the pen with her eyes only. Davis failed to keep her head still while tracking the stimulus. On-set was not performed.

**WALK & TURN:**

I explained and demonstrated the instructions for the "Walk & Turn" to Davis who stated she understood. During the task, I observed Davis to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Davis could not maintain her balance while listening to instructions. Davis stepped out of the instructional stance during the demonstration to catch her balance. Davis started the task before being instructed to do so. Davis stated that doing these "tests" she was going to fail anyway and wouldn't change anything. Davis stated she did not want to continue. Davis was explained her Taylor Warnings and again declined to continue.

**ONE LEG STAND:**

NOT PERFORMED

**FINGER TO NOSE:**

NOT PERFORMED

**ROMBERG ALPHABET:**

NOT PERFORMED

**BREATH TEST RESULTS:** 1) .189 2) .178 3) 4)

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MAR 18 2019

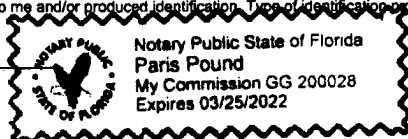
STATE OF FLORIDA  
COUNTY OF PALM BEACH

**INV. J. SCHAEFER** *Inv. J. Schaefer #8777*  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of MARCH, 2019 by INV. J. SCHAEFER

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN LEO

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



# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: DAVIS CHANTAL M CASE NUMBER: 19-048623

DATE: 03/16/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 00:13 ENDING TIME: 00:23

BREATH TESTS RESULTS: 1) .189 TIME 00:17 A.M./P.M. 2) .178 TIME 00:21 A.M./P.M.  
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: P. POUND # 24639

MAINTENANCE TECHNICIAN: J. KARLECKE # 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET CRYING

CLOTHING: WHITE PANTS, RED SHIRT BLACK HELL

MEDICAL CONDITIONS: [REDACTED]

MEDICATIONS: [REDACTED]

OTHER: EYES GLASSY AND BLOODSHOT

A. STATED SHE HAD "BEER" IN Q.I.A.

COMMENTS: ARRIVED AT CENTER A/D BEGAN THE 20  
MINUTE OBSERVATION PERIOD AT 23:50 HRS.

A. AGREED TO TAKE TEST.

TECH. READ RESULTS

A. STATED SHE UNDERSTOOD RESULTS

A/D READ RIGHTS

A. STATED SHE UNDERSTOOD RIGHTS.

A/D CONDUCTED Q.I.A.

A. ANSWERS QUESTIONS.

**SCANNED**  
MAR 18 2019

SUBJECT: DAVIS CHANTAL M CASE NUMBER: 19-048623

**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.

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MAR 18 2019

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

SUBJECT: DAVIS, CHANTAL M CASE NUMBER: 19-048623

### 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? DO NOT RECALL

WHERE WERE YOU GOING? DO NOT RECALL

WHAT STREET OR HIGHWAY WERE YOU ON? DO NOT RECALL

DIRECTION OF TRAVEL? DNR WHERE DID YOU START? LEMONGRASS

WHAT TIME DID YOU START? IDK WHAT TIME IS IT NOW? NO

WHAT IS TODAY'S DATE? MARCH 16th WHAT DAY OF THE WEEK IS IT? SAT

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB, PB

WHEN DID YOU LAST EAT? DINNER 7pm WHAT DID YOU EAT? BEER & BROCCOLI

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? VISITING FRIEND

HOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? YES WHAT? BEER

HOW MUCH? IDK WHERE? LEMONGRASS WITH WHOM? FRIEND

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:30 AND YOUR LAST DRINK? IDK

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? MAYBE ARE YOU UNDER THE INFLUENCE? PROBABLY

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? CUSTOMER SERVICE WHEN DID YOU LAST WORK? TODAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? BLIND

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? NO

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? [REDACTED] WHEN? 4:44 AM

DO YOU HAVE:  
EPILEPSY? \_\_\_\_\_  
GLASS EYE? \_\_\_\_\_  
FALSE TEETH? \_\_\_\_\_  
EAR INFECTION? \_\_\_\_\_  
INNER EAR TROUBLE? \_\_\_\_\_  
DIABETES? \_\_\_\_\_  
NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? [REDACTED]

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? \_\_\_\_\_

INTERVIEWER: INW. JSCHAEFER / INW. [Signature]

**SCANNED**  
MAR 18 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: 03/16/2019

Date of Last Agency Inspection: 03/15/2019

Observation Period Began: 23:50

Subject's Name: CHANTAL M DAVIS

DOB: 12/17/1978 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	00:16
	Air Blank	0.000	00:17
	Control Test	0.080	00:17
	Air Blank	0.000	00:18
	Subject Sample #1	0.189	00:18
	Air Blank	0.000	00:19
	Air Blank	0.000	00:21
	Subject Sample #2	0.178	00:21
	Air Blank	0.000	00:22
	Control Test	0.080	00:22
	Air Blank	0.000	00:23
	Diagnostics Check	OK	00:23

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: \_\_\_\_\_ Date: 03/16/19  
Signature

Sworn to (or affirmed) before me this 16<sup>th</sup> day of MARCH, 2019

Inv. J. Schaefer #8777 Signature of Notary Public-State of Florida  
INV. J. SCHAEFER 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.

**SCANNED**  
MAR 18 2019

# WITNESS LIST

CASE NUMBER: 19-048623

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S FRANKLIN SCHOFIELD #8842 (DISTRICT 8)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

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: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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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**  
**MAR 18 2019**



**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 checked="" type="checkbox"/>	119.071(2)(e)	Confession.	4
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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	7, 9
	<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: 2019009007	Date: 03/17/2019
	Specialist Name/ID: WATSON/6665

**SCANNED**  
**MAR 18 2019**