

0390079

186722761

3401

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18158471	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 1003 CONGRESS AVE, WEST PALM, FL, 33409				Location of Offense (Business Name, Address) 1003 CONGRESS AVE, WEST PALM, FL, 33409			
Date of Arrest 12/22/2018	Time of Arrest 05:15	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) LUCAS CHELSEA ANN				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 12/21/1993	Height 5'4	Weight 130	Eye Color BRN	Hair Color BLK	Complexion MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) MULTIPLE TATTOOS				Mental Status Married	Religion NONE	Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State 2	
Local Address (Street, Apt. Number) 5120 EL CLARO S		(City) WEST PALM/ FL/ 33415	(State)	(Zip)	Phone (561) 319-6908	Residence Type 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation UNEMPLOYED	
DR. Number, State L220101939610		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM, FL	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Residence Prior					
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 365-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Production/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	State Violation Number 316.193(3C1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 18158471	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	State 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	State 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	State Violation Number		Violation of ORD #	
Drug Activity /	Drug Type /	Amount / Unit /	Offense #	Warrant / Capias Number		Bond	
Location (Street, Apt. Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406							
Court Date and Time Month 1 Day 17 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)				Date Signed 12/22/2018			
HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) DEC 22 AM 10:58			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Recreated Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) INV. G. LYNCH 8568		ID # 8568	
Intake Pouch #		J.D.#		Transporting Officer INV. G. LYNCH 8568		ID # 8568	
Pouch #				Agency PBSO		PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF DEC 20 18 AT 04:05 AM PM

SUBJECT: LUCAS CHELSEA ANN CASE NUMBER: 18158471

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 12/22/18 I responded to N Congress Ave/ Old Congress Ave, in Palm Beach County, in reference to a vehicle crash with a possibly impaired driver. Upon arrival I met with D/S Hall id 29819, who was conducting the traffic crash investigation. D/S Hall advised that V1 was traveling west on Old Congress Ave attempting to turn south onto N Congress Ave. V2 was traveling north on N Congress Ave. V1 turned in front of V2 and the front of V2 struck the driver side of V1.

I spoke with the driver of V2, Kevin Franzose. Kevin advised he was traveling north with a green light. V1 pulled out in front of him, running the red light, and he struck the driver side of V1. Kevin positively identified the driver of V1, Chelsea Lucas.

OBSERVATION OF DRIVER:

I met with Chelsea, who was standing on the sidewalk. Chelsea appeared to be unsteady, and swayed while standing still. I had Chelsea stand in front of my patrol car. I immediately noticed that Chelsea's eyes were glassy and there was an odor of an unknown alcoholic beverage coming from her breath, which got stronger when she spoke. Chelsea repeated herself multiple times and made multiple errors, in the road names, and direction she was traveling. Chelsea's speech was slurred and she spoke rapidly. Based on my observations and Chelsea's admission to drinking I asked her to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Chelsea stated that she had been drinking.

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: _____

CLOTHING: Black dress/ No shoes

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

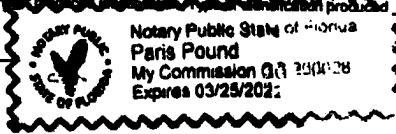
INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of DEC 20 18 by INV. G. LYNCH 8568

(Print name of Arresting/Investigative Officer), who is personally known to me and is duly qualified to perform the duties of a Notary Public in and for the State of Florida. KNOWN

Notary Public, Clerk of Court, Official No. S 117.10



DEC 25 2018

SUBJECT LUCAS

CHELSEA

CASE NUMBER 18158471

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:

Chelsea was asked to focus on the stimulus and follow it with her eyes. Chelsea was told not to move her head to assist in following the stimulus. Chelsea showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. Chelsea swayed while performing the task and had to be reminded not to move her head.

WALK & TURN:

I performed the walk and turn task. I explained and demonstrated the task to Chelsea. During the instructions Chelsea was unable to maintain the instructional stance. After completing the instructions Chelsea advised she understood. During the task Chelsea did not walk heel-to-toe and stepped off the line several times. Chelsea took 8 steps and then paused. I had to instruct Chelsea to continue as instructed. Chelsea then did not turn and continued straight, taking an additional 8 steps. Chelsea then paused, asking if she was supposed to continue. I again advised Chelsea to continue as she was instructed. Chelsea again did not turn and took an additional 8 steps before stopping against a patrol car. Chelsea then turned and took an additional 10 steps. I brought Chelsea back to the starting point at which point she asked me to repeat the instructions. I reexplained and demonstrated the task to Chelsea, which she advised she understood. On her second attempt Chelsea did not walk heel to toe and stepped off the line several times. Chelsea paused and did not turn as instructed. Chelsea did not take the correct number of steps taking 10 steps on the second set.

ONE LEG STAND:

I performed the one leg stand task. I explained and demonstrated the task to Chelsea. During the instructions Chelsea separated her feet for balance. After completing the instructions Chelsea advised she understood. During the task Chelsea swayed, more than 2 inches. Chelsea put her foot down multiple times prior to 30 seconds elapsing.

FINGER TO NOSE:

I performed the finger to nose task. I explained and demonstrated the task to Chelsea. During the instructions Chelsea again separated her feet for balance. After completing the instructions Chelsea advised she understood. During the task Chelsea missed touching the tip of her nose several times. Chelsea failed to return her hand to her side, after touching her nose, several times. Chelsea failed to keep her eyes closed and had to be reminded several times. On the third right command Chelsea began to use her left hand first.

ROMBERG ALPHABET:

I performed the Romberg alphabet task. I explained and demonstrated the task to Chelsea. After completing the instructions Chelsea advised she understood. During the task Chelsea swayed, more than 2 inches. Chelsea failed to recite the alphabet correctly, making multiple errors.

BREATH TEST RESULTS: 1) .174 2) .154 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of DEC 2018 by INV. G. LYNCH 8568

(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)



PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT

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



WITNESS VICTIM OTHER

CASE #: 18-158471	ZONE: 3-22	SUSPECT: Chelsea Lucas	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 12/22/18 04:05
EVENT TYPE: DUI		DEPUTY: Jim Lynch	ID#: 8568

COMPLETE EVERYTHING BELOW PRINT LEGIBLY

LAST NAME: Franzose	FIRST NAME: Kevin	MIDDLE INITIAL: N	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 12-20-1961	YOUR HEIGHT: 5'6 1/2	YOUR WEIGHT: 180	YOUR HAIR COLOR: Black	YOUR EYE COLOR: Hazel
YOUR HOME ADDRESS: 5111 ELpine way	<input type="checkbox"/> CHECK IF HOMELESS	CITY: P.B.G	STATE: FL	ZIP: 33418
YOUR WORK NAME & ADDRESS: Self Employed	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: P.B.G	STATE: FL	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE ()	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: Kevin Franzose	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was leaving a store to go Service another store heading South^{North} of Belvedere on congress. Had Green light going Speed limit. Car was pulling out from east side of road at light. She kept pulling out with a red light. As I got closer to her I saw that she was not stopping or even looking my way, I veered a little left and hit her. She was behind the wheel wearing a black dress. They did not move from the car for about 5 minutes. There was a witness that came over from the Kennel Club. He saw it and looked at the lights to verify that I had the green light going north and she had red light.</p>	
PAGE 1 OF 2	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X Kevin Franzose	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 12/22/18 TIME: 0445
	SIGNATURE: [Signature] ID: 8568

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

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: 80-006029 Software: 8100.27
Date of Test: 12/22/2018

Date of Last Agency Inspection: 12/14/2018
Observation Period Began: 05:29
Subject's Name: CHELSEA A LUCAS

DOB: 12/21/1993 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	06:03
Air Blank	0.000	06:04
Control Test	0.080	06:04
Air Blank	0.000	06:05
Subject Sample #1	0.174	06:05
Air Blank	0.000	06:06
Air Blank	0.000	06:08
Subject Sample #2	0.154	06:09
Air Blank	0.000	06:10
Control Test	0.081	06:10
Air Blank	0.000	06:11
Diagnostics Check	OK	06:11

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 BOUND, 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: 12/22/18
Signature

Sworn to (or affirmed) before me this 22nd day of December, 2018

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida INV. G. LYNCH

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.

WITNESS LIST

CASE NUMBER: 18158471

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: KEVIN FRANZOSE

ADDRESS: 5111 ELPINE WAY PALM BEACH GARDENS, FL, 33418

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

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: _____

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CAN TESTIFY TO: _____

NAME: _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: HBSD

SUBJECT: LUCA, CHELSEA A CASE NUMBER: 18-138471

DATE: 12/22/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 06:00 ENDING TIME: 06:18

BREATH TESTS RESULTS: 1) .174 TIME 06:05 (A.M.) P.M. 2) .154 TIME 06:09 (A.M.) P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. POUND # 2423

MAINTENANCE TECHNICIAN: J. ANNEAL # 441

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE UPSET

CLOTHING: BLACK JEANS NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: WAS GLASSY AND BLOODSHED.

COMMENTS: ARRIVED AT CENTER A/S 06:29 THE 20
MINUTE OBSERVATION PERIOD AT 05:29 HRS.

A. AGREED TO TAKE TEST.

TECH. READ RESULTS

A. STATED SHE UNDERSTOOD RESULTS.

A/S READ RIGHTS

A. STATED SHE UNDERSTOOD RIGHTS.

A/S ATTEMPTED D.A

A. INVOKED RIGHTS TO COUNSEL

SUBJECT: LUCAS, CHELSA A A CASE NUMBER: 1A-158471

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) READ ON (LUCAS)

SUBJECT: LUCAS, CHELSEA A CASE NUMBER: 18-158471

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? _____

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: _____

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



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)(f)-(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: 2018042213	Date: 12/23/2018
	Specialist Name/ID: AM/31562