


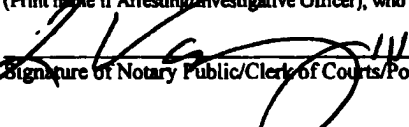
**ARREST / NOTICE TO APPEAR  
Juvenile Referral Report**

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

ADMINISTRATIVE	OBTS Number		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>06-19040647</b>		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>		Juvenile <input type="checkbox"/>											
	Charge Type: Check as many as apply.		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 <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		Multiple Clearance Indicator															
DEFENDANT	Location of Arrest (Including Name of Business) <b>277 WOODLAND RD, PALMS SPRINGS, FL 33406</b>						Location of Offense (Business Name, Address) <b>277 WOODLAND RD, PALM SPRINGS FL 33406</b>															
	Date of Arrest <b>02/23/2019</b>		Time of Arrest <b>01:32</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>JOY TOWING</b>									
CO-DEF	Name (Last, First, Middle) <b>HEAVENER CHRISTINA D</b>												Alias (Name, DOB, Soc Sec. #, Etc.)									
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth <b>12/06/1975</b>		Height <b>5'06</b>		Weight <b>145</b>		Eye Color <b>BLUE</b>		Hair Color <b>BROWN</b>		Complexion <b>MED</b>		Build <b>MED</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TORSO</b>						Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number) <b>272 WOODLAND DR</b>				(City) <b>PALM SPRINGS, FL 33406</b>		(State) <b>FL</b>		(Zip) <b>33406</b>		Phone <b>(561) 352-9710</b>		Residence Type 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		Address Source <b>VERBAL</b>		Occupation <b>UNK</b>					
	Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source		Occupation							
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Address Source		Occupation							
	DL Number, State <b>H156104759460</b>				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>WEST PALM BEACH</b>		Citizenship <b>USA</b>							
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>									
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>									
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Phone		Business Phone				
Notified by (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept and Released		2. TOT HRS / DYS		3. Incarcerated										
Released To (Name)				Relationship				Date		Time												
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.						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/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		
Charge Description <b>D.U.I.</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		State Violation Number <b>316.193 (1)</b>				Violation of ORD #										
Drug Activity <b>U</b>		Drug Type <b>U</b>		Amount / Unit		Offense # <b>19040647</b>		Warrant / Capias Number				Bond <b>OR</b>										
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 type="checkbox"/> N		State Violation Number				Violation of ORD #										
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond										
NOTICE TO APPEAR	Location (Court Name, Address) <b>PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406</b>																					
	Court Date and Time Month <b>MARCH</b> Day <b>21st</b> Year <b>2019</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																					
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 <b>02/23/2019</b>												
ADMIN	HOLD for other Agency Name				Signature of Arresting Officer <b>X</b>				Name Verification (Printed by Arrestee) <b>@OSZ3/hvx</b>													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>D/S Cisson J.</b>				ID # <b>24091</b>													
	Transporting Officer <b>Thomas</b>		ID # <b>1956</b>		Pouch #		Agency <b>PBSO</b>		Witness here if subject signed with an X <input type="checkbox"/>													

**Received WB  
FEB 26 2019**

2019 FEB 23 10:00 AM

<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2. N.T.A.	3 Request for Warrant 4 Request for Capias	Juvenile <input type="checkbox"/>
ADMIN	OBTS Number FLO 502700	Agency Name <b>PALM SPRINGS POLICE DEPARTMENT</b>		Agency Report Number 82- 2019-83346
	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
	Special Notes			
DEF	Name (Last, First, Middle) HEAVENER, CHRISTINA, DAWN		Alias	Race W
				Sex F
				Date of Birth 12/06/1975
CHARGES	Charge Description		Charge Description	
	Charge Description		Charge Description	
VICTIM	Victim's Name (Last, First, Middle)		Alias	Race
				Sex
				Date of Birth
	Local Address (Street, Apt, Number)	(City)	(State)	(Zip)
				Phone
				Address Source Defendant
	Business Address (Street, Apt, Number)	(City)	(State)	(Zip)
				Phone
				Occupation
<p>The undersigned certifies and swears that he/she has just and reasonable grounds, and does believe the above named Defendant committed the following violation of law The person taken into custody. ...</p> <p><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 acts below.</p> <p><input type="checkbox"/> Confessed to _____ admitting to the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 23rd day of February 2019 at 0130 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p style="text-align: center;">(PROBABLE CAUSE STATEMENT)</p>				
<p>Supplement Report to PBSO CASE # 19-040647</p> <p>On February 23rd, 2019 at approximately 0010hrs, I was dispatched to 272 Woodland Rd, Palm Springs, FL 33461 in reference to assisting Palm Beach County Sheriff's Office. Dispatch advised me to be on the look out for a grey BMW bearing tag 613NQT due to being involved in a hit and run, which comes back to the listed address.</p> <p>Upon arrival I was unable to locate the described vehicle in any of the parking spaces. While I continued to canvas the area, I noticed a vehicle driving southbound on Woodland Rd. The vehicle appeared to be driving in an unusual manner, slowing down and speeding up. The vehicle began to make a left hand turn slowly on to the street I was currently on. The vehicle appeared to be a grey BMW and I began to observe the vehicle closer. The vehicle began to swerve after completing the left hand turn and the vehicle began to drive closer to vehicles parked to the right hand side. The vehicle then hit a parked Dodge pickup bearing tag #KCZ106. The vehicle began to continue moving forward, until realizing I was flagging the driver down to stop.</p> <p>A separate crash report was made for the accident reference PSPD case number #19-03344.</p> <p>I approached the vehicle and noticed it was only occupied by the driver, later identified as Christina Heavener (DOB: 12/06/1975). I noticed the smell of an unknown alcoholic beverage emitting from Heavener and the vehicle. Heavener appeared to be slurring her words and unable to form complete and coherent sentences. Heavener was able to shut the car off and I removed the keys from the ignition. I requested Heavener to exit the vehicle. Heavener had an extremely difficult time getting out of the vehicle. When Heavener was able to get out of the vehicle, Ofc Fardella detained her using handcuffs, checking for proper spacing and confirming they were double locked. Heavener appeared confused about the situation and when standing by a marked Palm Springs Police Patrol Car she began to make various exited utterances which did not make sense. These utterances included "I was not driving" and "I don't drink and drive" and stating the patrol car was her vehicle she was driving.</p> <p>PBSO was notified the vehicle was located and the subject detained matched the description which was given out. Deputy Cission ID# 24091 arrived on scene and confirmed Heavener was the suspect involved in the hit in run earlier. Deputy Cission attempted to conduct roadsides with Heavener who refused. Deputy Cission transported Cission to the BAT for further evaluation.</p>				
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> Signature of Arresting/Investigating Officer</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23</u> day <u>February</u> 20<u>19</u> by <u>Ofc. A. B. G. H.</u> who (Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>personally known to me</u></p> <p> Signature of Notary Public/Clerk of Courts/Police Officer</p>				

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23RD DAY OF SATURDAY 20 19 AT 00:21  AM  PM  
SUBJECT: HEAVENER CHRISTINA D CASE NUMBER: 19040647  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Cisson J.

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
Ofc. Brito with the City of Palm Springs Police Department was called to the area of 277 Woodland Rd. by the Palm Beach County Sheriff's Office in an attempt to locate a gray/silver BMW bearing Florida tag 613NQT. Upon the Officers arrival, they did not locate the vehicle at first. While driving around Officer Brito ID# 166 located a gray BMW 528i matching the description. While the Officer observed the vehicle, the Officer witnessed the vehicle strike another vehicle in the parking lot near 277 Woodland Rd. The Officer then stopped the vehicle and make contact with the driver. The driver was then identified as Christina Dawn Heavener. Heavener was the sole occupant of the vehicle. The Officer then explained in their supplemental probable cause affidavit that the odor of an unknown alcoholic beverage was being emitted from the driver and the smell of the alcohol would grow stronger as Heavener would speak. The Officer then asked Heaver to exit her vehicle and Heavener was detained until I Deputy Cisson ID# 24091 arrived on scene.

## OBSERVATION OF DRIVER:

I observed that Christina D. Heavener was wearing blue jean pants and black tank top shirt. While questioning Heavener, I observed Heavener's eyes appeared red and glassy. I observed that she was slurring her words. Heavener's was then asked to complete Standardized Field Sobriety Tasks. While I escorted Heavener to the location in front of my patrol vehicle, I observed that she had difficulty walking. She continued to sway more than 6 inches as she was standing still. Heavener also used her arms to balance as she walked, so not to fall. As I spoke with her, she began to get closer to my person as she leaned forward. Heavener could not maintain a steady balance in one place.

## DRIVER'S STATEMENTS:

I asked if the Heavener had been drinking or used any drugs. She said that she only had two drinks. I asked the driver what medical problems and/or previous injuries she had, she said that one of her legs was shorter than the other and it would throw her balance off. At the breathe alcohol testing facility, she was asked if she had any medical conditions and she said no. Upon her agreement to provide a breathe sample, she began to complain that she could not complete the task because she had asthma. However the Breathalyzer did detect the presence of alcohol at a level of 0.199 and a second level of 0.202.

## ODORS:

Obvious odor of an unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow, unclear

ATTITUDE: calm, compliant, upset, angry, crying, aggressive

CLOTHING: WEARING BLACK TANK TOP, BLUE JEAN PANTS

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S Cisson J.

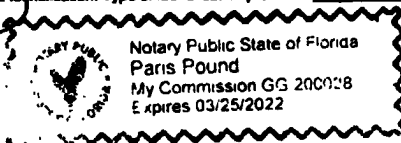
(Signature of Arresting/Investigative Officer)

This foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of February 2019 by D/S Cisson J.

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

POUND #24639

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



**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

I positioned Heavener on a painted yellow line which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle and nearby street lighting. I then asked Heavener if she would submit to road side tests, she refused. I then explained to her Taylor Warnings, if she did not agree to complete the tests, her drivers license would be suspended for a period of one year. Heavener then began to ramble about how she could complete the test and be home in bed and that I was wasting my time and hers. I then asked a second time if she was willing to complete the tests and she refused a second time. I then placed Heavener in PRBO issued handcuffs, the handcuffs were checked for proper fit and double locked. She was then placed in the rear of my marked patrol vehicle at which time the rear camera was activated.

**WALK & TURN:  
REFUSED**

**WALK & TURN:  
REFUSED**

**FINGER TO NOSE:  
REFUSED**

**ROMBERG ALPHABET:  
REFUSED**

**BREATH TEST RESULTS: .199 .202**

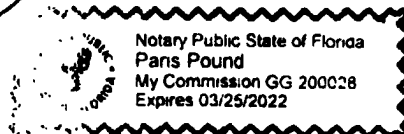
STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S Cisson J.  
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of February 2019 by D/S Cisson J.

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced LAW ENFORCEMENT OFFICER

**POUND #24639**  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



NOT A CERTIFIED COPY

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: 80-006239 Software: 8100.27  
Date of Test: 02/23/2019

Date of Last Agency Inspection: 02/08/2019  
Observation Period Began: 01:44  
Subject's Name: CHRISTINA D HEAVENER DOB: 12/06/1975 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	02:09
	Air Blank	0.000	02:09
	Control Test	0.080	02:10
	Air Blank	0.000	02:10
	Subject Sample #1	0.199	02:12
	Air Blank	0.000	02:12
	Air Blank	0.000	02:14
	Subject Sample #2	0.202	02:15
	Air Blank	0.000	02:16
	Control Test	0.079	02:16
	Air Blank	0.000	02:16
	Diagnostics Check	OK	02:16

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: 02/23/19  
Signature

Sworn to (or affirmed) before me this 23<sup>rd</sup> day of FEBRUARY, 2019

Signature of Notary Public-State of Florida \_\_\_\_\_  
Printed Name of Notary Public-State of Florida D/S. J. CISSON

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: 19040647

ARRESTING OFFICER: D/S Cisson J.

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

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3600

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: \_\_\_\_\_

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

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

CAN TESTIFY TO: FACTS OF CASE

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: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PR30

SUBJECT: HEAVNER, CHRISTINA CASE NUMBER: 19-040647

DATE: 02/23/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:06 ENDING TIME: 02:19

BREATH TESTS RESULTS: 1) .199 TIME 02:12 A.M./P.M. 2) .202 TIME 02:15 (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. KARKLICK # 6461

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, CALM

CLOTHING: BLUE JEANS, BLACK TANK TOP, BLACK SLIPPERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES WERE OPEN

COMMENTS: ARRIVED AT CENTER A/O 12:49 PM THE 20  
MINUTE OBSERVATION PERIOD AT 01:44 HR.

A. AGREED TO TAKE TEST

LEFT HEAD RESULTS

A. STATED SHE UNDERSTOOD RESULTS

A/S. HEAD RIGHT

A. UNDERSTOOD RIGHTS

A. ATTEMPTED Q/A

A. REFUSED QUESTIONS

SUBJECT: HEAVENER, CHRISTINA D CASE NUMBER: 19-040647

## 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 CAMERA

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

SUBJECT: HAULNER, CHRISTINA<sup>D</sup> CASE NUMBER: 19-040647

## 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: \_\_\_\_\_

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)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2019006418	<b>Date:</b> 02/24/2019
	<b>Specialist Name/ID:</b> AM/31562