

ARREST / NOTICE TO APPEAR

1. Arrest 2. M.T.A. 3. Request for Warrant 4. Request for Copy

1

JUVENILE

Agency ORI Number 0502000	Agency Name Lantana Police Department	Agency Report Number (N.T.A.'s only) 6, 4 18-001679
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	Weapon Used <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Case Type None/not Applicable
Location of Arrest (Including Name of Business) 100 BLK N 13TH ST		Location of Offense (Street Name, Address) 100 N 13TH ST BLK, LANTANA, FL 33462
Date of Arrest 07/14/2018	Time of Arrest 23:59	Booking Date 07/15/2018
Booking Time 00:09	Int Date 07/15/2018	Int Time 02:11
Name (Last, First, Middle) GORE, DEBRA KAVANAGH		
Alias: Alias (Name, DOB, Sex, Sec. 4, etc.)		
Sex W	Race F	Date of Birth 06/16/1958
Height 5'07	Weight 150	Eye Color BROWN
Hair Color BROWN	Complexion LIGHT	Build Thin
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 5918 BAY HILL CIRCLE, LAKE WORTH, FL 33463		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone 5918 BAY HILL CIRCLE, LAKE WORTH, FL 33463		
Business Address (Name, Street) (City) (State) (Zip) Phone PUBLIC, 1589 W LANTANA RD		
DL Number, State G600171587160 / FL	Exp. Date	DOB Number NEW YORK, NY, United
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		
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		
Home (Last, First, Middle) Business Phone		
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone		
Notified by (Name) Date Time JUVENILE DISPOSITION 1. Released/Proceeded within Department and Jurisdiction 2. TOT IAC 3. Detention		
Released To (Name) Relationship Date Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		
Property Crossed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property		
Drug Attorney: <input type="checkbox"/> Self <input type="checkbox"/> N. N/A <input type="checkbox"/> P. Police <input type="checkbox"/> S. Self <input type="checkbox"/> B. Bay <input type="checkbox"/> T. Traffic <input type="checkbox"/> D. Domestic/Overseas <input type="checkbox"/> M. Misdemeanor/Professional/Civilian <input type="checkbox"/> Z. Other		
Drug Type: <input type="checkbox"/> N. N/A <input type="checkbox"/> A. Amphetamine <input type="checkbox"/> B. Barbiturate <input type="checkbox"/> C. Cocaine <input type="checkbox"/> B. Barbiturate <input type="checkbox"/> H. Hallucinogen <input type="checkbox"/> M. Marijuana <input type="checkbox"/> O. Opium/Opiv. <input type="checkbox"/> P. Percocet/Equianal <input type="checkbox"/> S. Synthetic <input type="checkbox"/> U. Unknown <input type="checkbox"/> Z. Other		
Charge Description: DUI-DRIVING UNDER THE INFLUENCE State Violation Number: 316.193(I) Violation of ORD # OK		
Charge Description: REFUSAL TO SUBMIT TO BAL TEST State Violation Number: 316.1939(I)(E) Violation of ORD # OK		
Charge Description: State Violation Number: Violation of ORD #		
Health / Apparent Physical Condition of Defendant: Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Severe Back <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries/Escapes		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT, Casey Jail PROPERTY - Received By Released By Released To		
Transported By: SCHORR Date Transported: 07/15/2018 Time Transported: 00:34 Other		
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. Location (Court, Room): South County DELRAY BEACH Court Date and Time: 08/09/2018 08:30:00 ✓		
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): [Signature] Date Signed		
HOLD for Other Agency: <input type="checkbox"/> Dangerous <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Sexual <input type="checkbox"/> Other Name of Arresting Officer: SCHORR, JARED N. ID #: 891 Name Verification (Printed by Arrestor): JUL 15 AM 3:27 Transporting Officer: J SCHORR ID #: 891 Agency: LPD PAGE: 1 of 1		

0499852

2018 OCT 12 520 SB

653

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 18-001679
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:

Name (Last, First, Middle) GORE, DEBRA KAVANAGH	Age	Race W	Sex F	Date of Birth 06/16/1958
---	-----	------------------	-----------------	------------------------------------

Charge Description 316.193(1) DUI-DRIVING UNDER THE INFLUENCE	Charge Description 316.1939(1)(E) REFUSAL TO SUBMIT TO BAL TEST
---	---

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) State Of Florida	(City)	(State)	(Zip)
Business Address (Name, Street) State Of Florida	(City)	(State)	(Zip)

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 15 day of July, 2018 at 02:14 (Specifically include facts constituting cause for arrest)

On July 14th at approximately 2340hrs, I Ofc. J Schorr (ID891) observed a dark colored vehicle exit the business located at 618 W Lantana Rd, Lantana, FL 33462 (The Hive) and proceed westbound on W Lantana Rd.

This officer observed the dark colored vehicle bearing FL Tag PCN3J not maintaining a single lane. The vehicle approached the intersection of W Lantana Rd and N 13th St and proceed southbound on N 13th St.

Once on N 13th St, this officer observed the vehicle swerve off the roadway, almost coming into contact with a mailbox. At this point, this officer initiated a traffic stop on the subject vehicle.

This officer made contact with the driver, who was the sole occupant of the vehicle. The driver was identified by FL DL as W/F Debra Gore (DOB 6/16/58). This officer noticed what appeared to the smell of an unknown alcoholic odor emanating from the driver's breath and vehicle.

Gore was informed that this officer would be conducting a DUI investigation.

The first test was the horizontal gaze nystagmus. Gore was given the instructions and she understood. This officer noticed Gore's eyes lacked smooth pursuit in both eyes. Gore also turned her head several times after being instructed to keep her head still.

The second test was the walk and turn. Gore was given the instructions and she understood. Gore did not maintain balance during instructions, missed heel to toe on all steps (greater than one half inch), executed an improper turn, and did not look down at her feet.

SWORN AND SUBSCRIBED BEFORE ME

[Signature]

NOTARY PUBLIC CLERK OF COURT OFFICER (F.S. 117.10)

7/15/18

DATE

Notary Public State of Florida
Paris POUND
My Commission GG 200028
Expires 03/25/2022

[Signature]

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

SCHORR, JARED NEIL (891)

NAME OF OFFICER (PLEASE PRINT)

07/15/2018

DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

Case Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 18-001679
Charge Type Check all that apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes	

Name (Last, First, Middle) GORE, DEBRA KAVANAGH	Race W	Sex F	Date of Birth 06/16/1958
---	------------------	-----------------	------------------------------------

The third test was the one leg stand. Gore swayed while balancing, put her foot down multiple times before being instructed to do so. Foot was not placed 6" above ground and only stayed up for 3 seconds before placing her foot down. She attempted this task multiple times.

Due to Gore's driving actions and field sobriety test, she was placed under arrest for DUI. She was handcuffed, double locked, and checked for proper spacing; Gore was placed in the back of my marked police car.

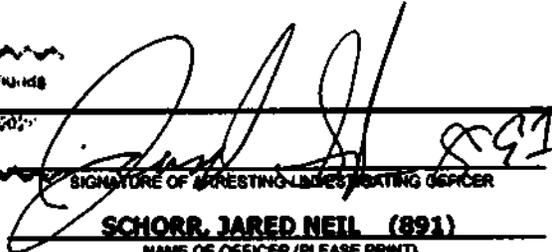
Ofc. Vargas (ID887) assisted in the observation of this officer's search of Gore.

Blakes Towing arrived and removed Gore's vehicle.

Gore was transported to the PBC EAT where she refused the breath test after being informed of implied consent.

Gore was processed and TOT'ed to PBC CJ and lodged.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 7/15/18 DATE		 SIGNATURE OF ARRESTING / ISSUING / STATING OFFICER SCHORR, JARED NEIL (891) NAME OF OFFICER (PLEASE PRINT) 07/15/2018 DATE
--	---	---

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF July 20 18, AT 2359 AM/PM
SUBJECT: Debra Gore CASE NUMBER: 18-001679
AGENCY: Lantana Police Dep ARRESTING OFFICER: J Schorr #891

PERSONAL CONTACT

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

At approximately 2340hrs 7/14/18, I observed the subject vehicle exit the parking lot of "The Hive" Bar at 618 W Lantana Rd, Lantana, FL 33462 heading westbound on W Lantana Rd. The vehicle was observed swerving and not maintaining a single lane. The vehicle turned south onto S 13th St and I observed the vehicle swerve off the roadway almost colliding with a mailbox. The vehicle was observed with the FL Tag PCM3J. This officer observed a white female inside the driver compartment and he was the only subject inside the vehicle.

OBSERVATION OF DRIVER:

I made contact with the white female, later identified as Debra Gore (DOB 06/16/1958) where I could immediately smell the odor of and unknown alcoholic beverage emanating from his person.

DRIVER'S STATEMENTS:

I asked Gore if she had been drinking and she stated she had consumed 3 drinks earlier in the day.

ODORS:

Odor of and unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred, rambling

ATTITUDE: cooperative

CLOTHING: pants, shoes, blouse

MEDICAL / OTHER:

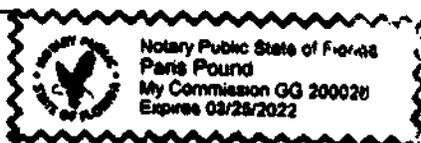
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing statement was sworn to or affirmed and subscribed before me this 15 day of July 20 18 by Ofc. J Schorr

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

Notary Public, Clerk of Court, Officer (F.S.S 117.06)



SUBJECT: Debra Gore CASE NUMBER: 18-001679

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:

Vertical Gaze Nystagmus was detected in both eyes

WALK & TURN:

Gore did not maintain balance during instructions, missed heel to toe on all steps (greater than one half inch), executed an improper turn, and did not look down at her feet.

ONE LEG STAND:

Gore swayed while balancing, put her foot down multiple times before being instructed to do so. Foot was not placed 6" above ground and only stayed up for 3 seconds before placing her foot down. She attempted this task multiple times.

FINGER TO NOSE:

N/A

ROMBERG / ALPHABET:

N/A

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 892
(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 15 day of July 2018 by Ofc. J Schorr

who is personally known to me and/or produced identification. Type of identification produced _____

[Signature]
Notary Public, Clerk of Court, Officer F.S.S. 117-10)



NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18001679

ARRESTING OFFICER J Schorr

ADDRESS 901 N 8th Street Lantana Florida 33462

PHONE NUMBERS (HOME) 561 540 5701 (WORK)

CAN TESTIFY TO: Arrest and SFSE's

NAME: C Vargas

ADDRESS 901 N 8th Street Lantana Florida 33462

PHONE NUMBERS (HOME) 561 540 5701 (WORK)

CAN TESTIFY TO: Driver's actions

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:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, Ofc J Schorr, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Lantana Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15 day of July, 20 18, at 0000 P.M. A.M.

DRIVER Debra Kavangh Gore
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G600171587160, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc. J Schorr and
(Name of Arresting Officer)
issued Citation # AIJYIYE

That on or about the 15 day of July, 20 18, at 0000 P.M. A.M.

in Palm Beach County County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature] 891
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me:
[Signature] 891
Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before
me this 15th day of July, 20 18,

by _____,
who is personally known to me or who has produced
_____ as identification

Notary Public [Signature]

Title Road Patrol

Date 7/15/18

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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

PBSO CASE # 18-097210 PBSO ZONE 6-11

AGENCY CASE # 18-001679 CRASH CASE # N/A

TIME OF STOP/CRASH 2342hrs DATE 7/14/18 DAY Saturday

SUBJECT'S NAME Gore, Debra RACE W SEX F

HGT 5'7" WGT 150 DOB 6/16/58

LOCATION 100-BLK N 13th St, Lantana, FL 33462

ARRESTING OFFICER'S NAME & ID Schorr #891 AGENCY Lantana

DIVISION: Road Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0117hrs

ARREST TIME 2359hrs

BREATH RESULTS

1. REFUSED
2. REFUSED
3. REFUSED
4. REFUSED

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST**

I, Ofc. J Schorr #891 a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)

Officer, am a member of Lantana Police Department, and I do Swear
(Name of Enforcement Agency)

or affirm that on or about the 15th day of July, 20 18, at 0000 P.M. A.M.
(Circle One)

NAME Debra Kavanagh Gore
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# G600171587160, state of Florida was placed under lawful arrest for
the offense of DUI by Ofc. Schorr and
issued Citation # A1JY1YE.

That on or about the 15th day of July, 20 18, at 0150hrs P.M. A.M.
(Circle One)

in _____ County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said
person to submit to a breath urine, or blood test to determine the content of alcohol in his or her blood or breath or presence of
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension
of his or her privilege to operate a motor vehicle for a period of (1) year of the first refusal, or for a period of eighteen (18) months if the driving
privilege of such person had been previously suspended for refusing to submit to such test or tests. I did inform said person that he or
she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been
previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If the driver holds a CDL or is operating a
CMV, I did inform the driver that this refusal would result in the disqualification of the driver's Commercial Driver's License/privilege for a
period of one (1) year in the case of a first refusal or permanently if he or she has been previously disqualified as a result of a refusal to submit to
such test.

Said person did at the time and place did refuse to submit to such test or tests.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before
me this 15th day of JULY, 20 18.

Title Road Patrol
Date 7/15/18

by _____
who is personally known to me or who has produced
_____ as identification.

Notary Public [Signature]

Note: Mail or hand delivered to the designated Bureau of Administrative Review office, Department of Highway Safety & Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit. If no DUI arrest is made attach HSMV 78005 (Notice of Commercial Driver's License/Privilege Disqualification)

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: ... CASE NUMBER: ...

DATE: 7/11/12 VIDEO TAPE NUMBER: ...

BEGINNING TIME: 01:41 ENDING TIME: 02:00

BREATH TESTS RESULTS: 1) R TIME ... A.M./P.M. 2) J TIME ... A.M./P.M.
3) J TIME ... A.M./P.M. 4) J TIME ... A.M./P.M.

BREATH OPERATOR: ...

MAINTENANCE TECHNICIAN: ...

TESTING OFFICER'S OBSERVATIONS

SPEECH: ...

ATTITUDE: ...

CLOTHING: ...

MEDICAL CONDITIONS: ...

MEDICATIONS: ...

OTHER: ...

COMMENTS: ...

REFUSED

REFUSED

NOT A CERTIFIED COPY

SUBJECT: Gene Dennis 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? 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? Yes

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Ill

INTERVIEWER: [Signature] LPD



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"/>	(xvii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018023537	Date: 07/15/2018
	Specialist Name/ID: howardt/7185