

588416 2019 GD14195ANB 3648

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

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

OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-19004530
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	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) GARDENS PKWY / VALENCIA GARDENS AVE, PBG, FL 33418			Location of Offense (Business Name, Address) GARDENS PKWY / VALENCIA GARDENS AVE, PBG, FL 33418		
Date of Arrest 07/31/2019	Time of Arrest 02:10	Booking Date	Booking Time	Jail Date	Jail Time
Location of Vehicle Keel's Towing 4701 East Avenue, West Palm Beach, FL 33405.					

Name (Last, First, Middle) MARTIN, DOMINIQUE, MARIE CHARLEEN						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 08/07/1996	Height 5'8"	Weight 120	Eye Color BROWN	Hair Color BRW	Complexion LIGHT	Build SMAL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) HEARTH L S						Marital Status N	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1261 BLAIR RD TAYLORSVILLE NC 28681			Phone (828) 2913209			Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number) 1261 BLAIR RD TAYLORSVILLE NC 28681			Phone (829) 2913209			Address Source NCIC / FL DL					
Business Address (Name, Street) () () ()			Phone () () ()			Occupation UNEMPLOYMENT					
DL Number, State M-635-173-96-787-0 FL		INS Number N/A		Place of Birth (City, State) WELLINGTON, FL		Citizenship US					

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
Parent Legal Custodian Other:	Name (Last)	(First)	(Middle)	Residence Phone	
Address (Street, Apt. Number)			(City)	(State)	(Zip)
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 366-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)			School Attended		Grade
Property Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property			Value of Property	

Drug Activity N. N/A P. Possess	S. Sell T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispose/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Opior.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 1	Warrant / Capias Number		Bond OR				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute 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	Statute 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	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Court Number, Address)
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time
Month **9** Day **04** Year **2019** Time **10:00** AM 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 **07/31/2019**

HOLD for other Agency Name	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) I.D. # Ofc. Romero #502
Witness Name	Pouch #	Transporting Officer I.D. # Agency Ofc. Romero #502 PBGPD
Witness here if subject signed with an -X-		Witness Signature

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY) **SCANNED AUG 04 2019**

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31 DAY OF JULY 20 19, AT 0136 AM PM
SUBJECT: MARTIN, DOMINIQUE, MARIE CHARLEEN CASE NUMBER: 19004530

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Romero #502
PERSONAL CONTACT

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

While parked at the Sunoco gas station located at 2490 PGA Blvd, Palm Beach Gardens, FL. 33410 FL, I observed a black sedan bearing North Carolina issued license plate number EHP3301, with faulty equipment, the license plate light was out. I conducted a traffic stop in reference to the defective equipment violation. Upon approach to the black sedan, I observed a white female, seated in the driver's seat. The female was identified via her Florida driver's license as Dominique Marie Charleen Martin.

OBSERVATION OF DRIVER:

I identified myself as an officer with the Palm Beach Gardens Police Department and requested her driver's license, vehicle registration, and proof of insurance. The female had a hard time locating her documents, and she continued to fumble with her wallet and would keep putting it down. I keep reminding her of what she was looking for.

While standing next to the window, I smell the odor of alcohol coming from within the car. Since Martin had a passenger, I asked Martin to step out so I can speak to her, to assert whether the odor was coming from her. Outside of the car, I could smell the scent of an unknown alcoholic beverage emitting from Martin's breath while at a conversational distance. Martin eyes were bloodshot and watery, and she seems confused and anxious.

DRIVER'S STATEMENTS:

I asked Martin if she consumed any alcohol in which she initially stated no, but later said that she had two to three drinks whiting the last hour. I also smelled what based on my training and experience, I immediately identified as the odor of marijuana. I asked Martin when was the last time she smoke, and she stated that she smoked marijuana four to five hours prior. Martin agreed to perform SFST's.

ODORS:

Odor of the impurities of an alcoholic beverage emitting from breath and marijuana.

GENERAL OBSERVATIONS

SPEECH: Methodical

ATTITUDE: Argumentative at the beginning, calm, quiet and cooperative after.

CLOTHING: Blue and red pants/dress, white sandals.

MEDICAL/OTHER: None.

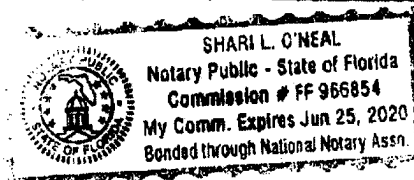
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of July 20 19 by Ofc. Romero

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

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



SUBJECT: MARTIN, DOMINIQUE, MARIE CHARLEEN CASE NUMBER 19004530

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Refer to Agency PC for further details on HGN and other SFST's.
Swayed while performing task, repea

WALK & TURN:

I explained and demonstrated the instructions to Martin, who stated she understood. Martin started on command; however, did not touch heel-to-toe as instructed; did not turn as instructed and demonstrated, and used arms for balance.

ONE LEG STAND:

I explained and demonstrated the instructions to Martin, who stated she understood. After the command to start was given, Martin was having a difficult time standing up straight, swayed while balancing, put her foot down, and used her arms for balance.

FINGER TO NOSE:

I explained and demonstrated the instructions to Martin who stated she understood. Martin did not perform the task as instructed. She raised the appropriate finger, but did not touch the tip of the finger to the tip of the nose as instructed and demonstrated.

ROMBERG ALPHABET:

Swayed while performing task and recited the alphabet in a rhythmic manner.

BREATH TEST RESULTS: .090 .080

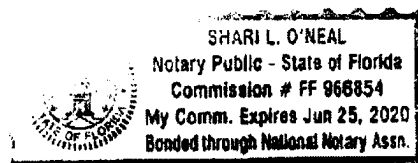
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of July 2019 by Ofc. Romero

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

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



ROMERO
(502)

19004530

COMPLAINT



CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA DUI UNIFORM TRAFFIC CITATION

A56H23E

COUNTY OF **PALM BEACH 06** (1) P.M.P. (2) P.D. (3) S.O. (4) OTHER
 CITY OF APPLICABLE **PALM BEACH GARDENS** AGENCY NAME **PALM BEACH GARDENS**
 AGENCY # **78**

IN THIS COURT DESIGNATED BELOW THE UNIMPARED DRIVER THAT HEARS HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK **WEDNESDAY** MONTH **07** DAY **31** YEAR **2019** TIME **04:03** A.M. P.M.

NAME (FIRST) **DOMINIQUE** MIDDLE **MARIE CHARLEEN** LAST **MARTIN**
 STREET **1261 BLAIR RD** DEPENDENT FROM ONE OR MORE LICENSE "F" YEARS

CITY **TAYLORSVILLE** STATE **NC** ZIP CODE **28681**

TELEPHONE NUMBER DATE OF BIRTH **08** DAY **07** YEAR **1996** RACE **W** SEX **F** HT **508**

DRIVER LICENSE NUMBER **M 6 3 5 1 7 3 9 6 7 8 7 0** STATE **NC** CLASS **E** COL LICENSE Y N YR LICENSE EXP **2020** COMMERCIAL VEHICLE YES NO

VEHICLE MAKE **2013 BUIC** MODEL **4S** COLOR YES NO
 FLICARDED HAZARDOUS MATERIAL YES NO

VEHICLE LICENSE NO **EHP3301** TOLLER TAG NO. STATE **NC** YEAR TAG EXPIRES **2020** 2-16 PASSENGERS YES NO

W/IN A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, PUBLICLY **PROSPERITY FARMS RD/PGA BLVD, PALM BEACH GARDENS** YES NO
 MOTORCYCLE YES NO
 COMMON CITATIONS YES NO

FT. _____ MILS _____ OF ROAD

DO UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

COMMENTS PERTAINING TO OFFENSE **DUI - DRIVING WHILE UNDER INFLUENCE** NO YES

AGGRESSIVE DRIVER YES NO STATE STATUTE SECTION **316.193** SUB-SECTION **(1)**

OTHER DAMAGE TO OTHER PROPERTY YES NO INJURY TO ANOTHER YES NO SERIOUS BODILY INJURY TO ANOTHER YES NO FATAL YES NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
09/04/2019 10:00 AM A56H23E
 COURT DATE **NORTH COUNTY GOVERNMENT CENTER**
3188 PGA Boulevard PBG, FL 33410

APPEAR BELONGING TO _____ DATE _____
 I AGREE AND PROMISE TO COMPLY AND ABIDE BY THE CHANGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. I AGREE TO ACCEPT AND SIGN THIS CITATION AND WARRANT AS A RESULT. I UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR LIABILITY. IF YOU NEED ASSISTANCE, PLEASE CONTACT THE CLERK OF THIS CITATION AT THE CONTACT INFO OF THIS COUNTY.

X SIGNATURE OF VIOLATOR
 EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF 30 MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON **UNLWFULL BAC**
 ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

SIGNATURE OF OFFICER *[Signature]* BADGE NO. **502** ID NO. _____ TROOP UNIT *[Signature]*
 HSMV 75004 (Rev. 10/10)

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. _____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED
	WARRANT ISSUED
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____
	_____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____



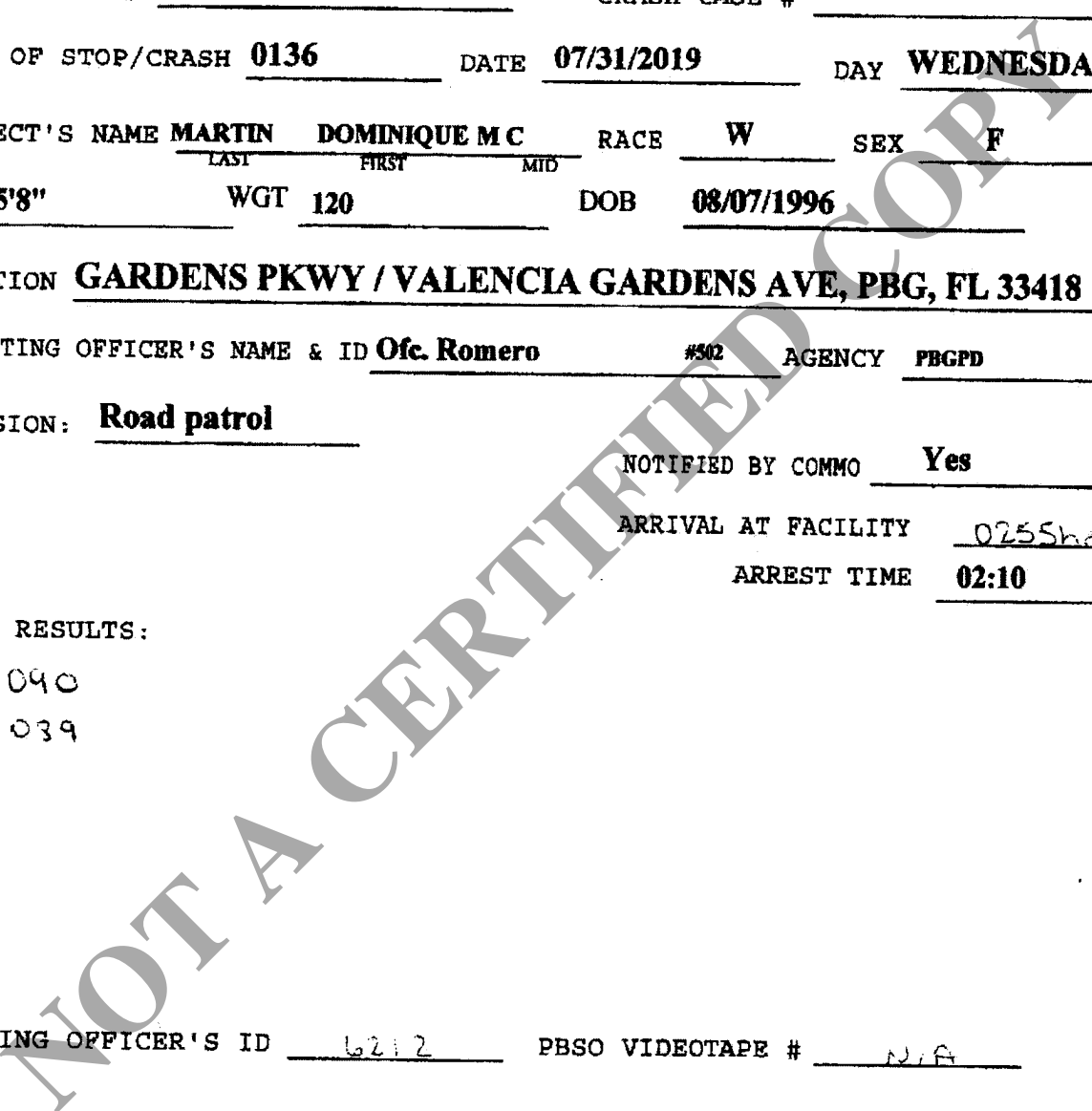
**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 19-098365 PBSO ZONE 3-13
 AGENCY CASE # 19004530 CRASH CASE # _____
 TIME OF STOP/CRASH 0136 DATE 07/31/2019 DAY WEDNESDAY
 SUBJECT'S NAME MARTIN DOMINIQUE M C RACE W SEX F
LAST FIRST MID
 HGT 5'8" WGT 120 DOB 08/07/1996
 LOCATION GARDENS PKWY / VALENCIA GARDENS AVE, PBG, FL 33418
 ARRESTING OFFICER'S NAME & ID Ofc. Romero #502 AGENCY PBGPD
 DIVISION: Road patrol NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 0255hrs
 ARREST TIME 02:10

BREATH RESULTS:

.090
.039

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A



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: 07/31/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 02:55

Subject's Name: DOMINIQUE M MARTIN

DOB: 08/07/1996 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	03:18
Air Blank	0.000	03:19
Control Test	0.080	03:19
Air Blank	0.000	03:20
Subject Sample #1	0.090	03:21
Air Blank	0.000	03:21
Air Blank	0.030	03:23
Subject Sample #2	0.089	03:24
Air Blank	0.000	03:24
Control Test	0.080	03:25
Air Blank	0.000	03:25
Diagnostics Check	OK	03:25

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 SHARI L O'NEAL, 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: S. O'Neal Date: 07-31-19
Signature

Sworn to (or affirmed) before me this 31 day of July, 2019

Signature of Notary Public-State of Florida

Ofc. Romero #502
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.

WITNESS LIST

CASE NUMBER: 19004530

ARRESTING OFFICER: Ofc. Romero

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: LESKOW

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: WARMINGTON

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety / Facts of Case

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: _____

TESTING FACILITY TASK REPORT

11

AGENCY: PBG Ofc. Romero #50:

SUBJECT: Martin, Dominique M.C. CASE NUMBER: 19-098865

DATE: 07-31-19 VIDEO TAPE NUMBER: 1

BEGINNING TIME: 0316hrs ENDING TIME: 0327hrs

BREATH TESTS RESULTS: 1) .090 TIME 0321 (A.M./P.M.) 2) .089 TIME 0324 (A.M./P.M.)
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: Cpl. Kerlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: —

ATTITUDE: Calm, Quiet, Cooperative

CLOTHING: Jacket - Black Shirt - Black Pants: Black & Tan

MEDICAL CONDITIONS: None Print

MEDICATIONS: None

OTHER: Eyes: A little red, Glassy

Odor of unknown alcoholic beverage.

COMMENTS: 20 min. observation done by AIO Romero #502

AIO requested the breath test.

D submitted to the breath request.

D completed the test correctly.

C/W read on camera.

D refused Q4A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

11

AGENCY: 1. G. C. R. 18-001 # 2

SUBJECT: 1. G. C. R. 18-001 # 2 CASE NUMBER: 19-091

DATE: 01/21/19 VIDEO TAPE NUMBER: 1

BEGINNING TIME: 02:10:12 ENDING TIME: 02:21:12

BREATH TESTS RESULTS: 1) .012 TIME 02:21 A.M./P.M. 2) .014 TIME 02:29 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: D. S. R. 18-001 # 2

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: 20

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

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

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

INTERVIEWER: _____

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

SUBJECT: _____

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____



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

Booking Number: 2019024920	Date: 7/31/2019
	Specialist Name/ID: Gammage/5660