

0510115

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

673

3. Request for Warrant
4. Request for Capias

1

Juvenile

ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19-102770		
	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		
	Location of Arrest (Including Name of Business) OKEECHOBEE BV (W) OF LOXAHATCHEE AVE WEST PALM BEACH FL 33409		Location of Offense (Business Name, Address) OKEECHOBEE BV (W) OF LOXAHATCHEE AVE		Multiple Clearance Indicator 1		
DEFENDANT	Date of Arrest 08/11/2019	Time of Arrest 0247	Booking Date	Booking Time	Jail Date	Jail Time	
	Name (Last, First, Middle) STEINMAN EMILY ANN		Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White	Sex F	Date of Birth 04/21/1988	Height 503	Weight 140	Eye Color GRN	Hair Color DIRTY BLON
DEFENDANT	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT LEFT FOOT		Marital Status S	Religion NONE	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		
	Local Address (Street, Apt. Number) 925 PASEO PALMERA		(City) WEST PALM BEACH FL 33405	(Zip)	Phone (561) 351 0490	Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State	
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Address Source DEFENDANT	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Occupation	
	D/L Number, State (FL)S355201886410		Soc. Sec. Number		INS Number	Place of Birth (City, State) WESTPALM BEACH FL	Citizenship US
CO-DEF	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
	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
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Residence Phone		Business Phone		
	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		
NOTICE TO APPEAR	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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		
CHARGE	Drug Activity DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)	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	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 type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
NOTICE TO APPEAR	Location (Court, Court Number, Address) 3228 GUN CLUB RD WPB FL 33406						
	Month SEPTEMBER Day 5 Year 2019 Time 0830 AM <input 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 08/11/2019			
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT)		
	Initials/Deputy DJ Collins		ID # 7209		Agency PBSO		
Witness here if subject signed with ...							

AUG 13 2019
AUG 11 11 51 AM '19

97-16

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number	PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-19-102770				

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) STEINMAN, EMILY, ANN	Alias	Race W	Sex F	Date of Birth 04/21/1988
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Charge Description DUI	316.193(1)	Charge Description
Charge Description		Charge Description

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

confessed to _____

was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 11 day of AUGUST 20 19 at 0223 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Sunday, August 11, 2019 at approximately 0223 hours, while patrolling eastbound on Okeechobee Avenue, west of Loxahatchee Drive, West Palm Beach (Palm Beach County) Florida, I stopped a small gray vehicle, bearing current Florida license plates "984NSH", for traveling 66 miles per hour (mph) in a posted 45mph speed zone. My rear antenna was set to the "Same Direction" mode as I was in the middle lane. I heard a loud steady high pitch sounding from my Radar's Audio Doppler displaying a speed of 66 mph inside the target window. I looked in my rear view mirror and saw the previously mentioned vehicle closing rapidly and switching to the outside lane. The speed of the vehicle matched the tone of the Doppler and the speed inside the target window. The vehicle overtook me and the high pitch from the Doppler ceased in sounding as the target speed vanished from the screen. I activated my emergency lights in an effort to stop the vehicle for speeding. The vehicle made a right turn onto Loxahatchee Drive and stopped on the west shoulder. Deputy Lisa Benson announced over the radio that she was responding as back up officer. Investigator Greg Lynch later arrived on scene as a back up officer. I approached the vehicle from the passenger side and made contact with a white female driver who is the registered owner of the vehicle. A white female was sitting in the front passenger seat and a white male was sitting in the back seat on the passenger side. Both passengers appeared to have been drinking an unspecified amount of alcoholic beverages. Focusing my attention back on the driver, who was later identified as Emily Ann Steinman by her Florida driver license, I told her she was being stopped for traveling 66mph in a posted 45mph speed zone. I asked for her driver license, registration and proof of insurance. She handed me her license and registration. During this encounter I noticed her eyes were red, watery and glossy. Her cheeks were flushed, mouth was dry and her speech was slightly slurred. She was wearing blue jeans, a black T-Shirt and gray sneakers. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. The rear passenger uttered the driver was their bartender. I told the driver I had a suspicion she had been drinking an unspecified amount of alcoholic beverages. She became silent. I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She consented to performing the SFSTs. Prior to her exit I asked if she had any physical problem with her body that would inhibit her from performing light physical exercises. I also asked if she was taking medication. She told me she has Crohns Disease and is taking prescription medication for the disease.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature)
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of AUGUST 20 19 by INV E. K. WHITE 7209

(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)

Notary Public State of Florida
Thomas H. Leahy
My Commission Expires 06/20/2023

PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-19-102770	
	Charge Type: Check as many as apply.		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 <input type="checkbox"/>	
DEF	Name (Last, First, Middle) STEINMAN, EMILY, ANN				Alias		Race W	Sex F
	Date of Birth 04/21/1988		Charge Description DUI		316.193(1)		Charge Description	
VICTIM	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number)				(City)	(State)	(zip)	Phone
	Business Address (Name, Street)				(City)	(State)	(zip)	Phone

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 11 day of AUGUST 2019 at 0223 A.M. P.M. (Specifically include facts constituting cause for arrest.)

During the One Leg Stand task she remembered having ligament problems in her ankle. She told me she did not think it was necessary to include with her Crohn's Disease when I asked if she had any physical problems with her body. I asked her to exit the vehicle walk to the front of my patrol vehicle. Due to my having technical problems with my Mic pack, D/S Benson allowed me to use her car camera and Mic pack. I escorted her across the street into a service station's parking lot. This area was well lighted from street lights and the surface was smooth and free from obstruction and debris. I placed a yellow strip of tape on the pavement that formed a line. The defendant successfully identified the tape by placing her left foot on it when prompted to do so. I could now smell a strong odor of an unknown alcoholic beverage coming from her breath that intensified when she spoke. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form on this worksheet. At the conclusion of the SFSTs, coupled with my observation of the defendant's vehicle committing the infraction of speeding, to include my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. The defendant was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Inv. Lynch arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Priority Towing Company responded and impounded the defendant's vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining her alcohol content. She refused. I read her implied consent and asked if she understood it. She told me she did understand the consent. I asked if she would reconsider her initial refusal and provide breath samples. She refused a second time. At this time she was deemed a "refusal". I advised her of her Constitutional Rights and asked if she understood them. She told me she did understand her "rights". I asked if she would consent to an interview regarding this incident. She invoked her "rights" and wanted a lawyer present. The defendant was cited for excessive speed (66/45) and booked into the main jail for DUI.

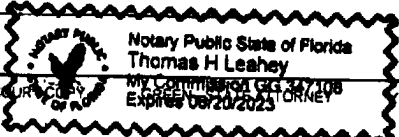
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
INV E. K. WHITE

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of AUGUST 2019 by INV E. K. WHITE

(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. 117-10)



PAGE 2 OF 2

AUG 13 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF AUGUST 20 19, AT 0223 AM PM

SUBJECT: STEINMAN EMILY ANN CASE NUMBER: 19-102770

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

OBSERVATION OF DRIVER:
SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:
NONE

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

GENERAL OBSERVATIONS

SPEECH: **SLIGHTLY SLURRED**

ATTITUDE: **POLITE COOPERATIVE AND INATTENTIVE**

CLOTHING: **BLUE JEANS, BLACK SHIRT AND GRAY SHOES**

MEDICAL/OTHER: **CROHNS DISEASE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

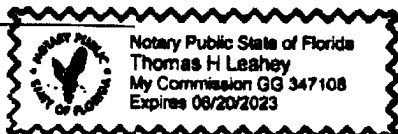
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of AUGUST 20 19 by INV E. K. WHITE

(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)



SEARCHED
AUG 13 2019

CERTIFIED COPY

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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The subject was unable to maintain her balance while placed in the instructional position. She swayed and abandoned the position on occasion. During this task she failed to touch heel to toe, she stopped to steady herself, she stepped off the line, she took an incorrect number of steps and asked for instructions during the task. She did not keep her hands by her side as instructed.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain her balance while her leg/foot was elevated. She did not perform this task as demonstrated and instructed (She drew her foot toward her with her knee bent). She swayed and counter leaned prior to dropping her foot on the pavement twice. She remembered having ligament problems during this task.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed circularly and side to side while performing this task. She failed to touch the tip of her finger to the tip of her nose 4 out of 6 times. Rather she touched the bridge and underneath her nose.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. She failed to recite the 26 letter alphabet on two attempts

BREATH TEST RESULTS:

1) refused 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of AUGUST 20 19 by INV E. K. WHITE

(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)



SEARCHED
AUG 18 2019

WITNESS LIST

CASE NUMBER: 19-102770

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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 _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

AUG 13

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

I, INV E. K. WHITE, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 11 day of AUGUST, 20 19, at 0247 P.M. A.M.

DRIVER EMILY ANN STEINMAN
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# (FL)S355201886410, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by INV E. K. WHITE and
(Name of Arresting Officer)

issued Citation # A2G4FJP

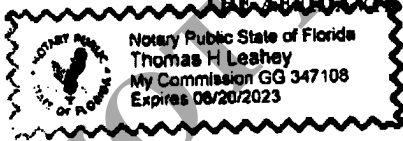
That on or about the 11 day of AUGUST, 20 19, at 0339 P.M. A.M.

in PALM BEACH 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 of Law Enforcement Officer or
Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before
me this 11 day of AUGUST, 20 19,
by INV E. K. WHITE

Signature of Attesting Officer

Title _____

Date _____

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

Notary Public T. Leahy

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.

AUG 13 2019

SUBJECT: Steinman, Emily A CASE NUMBER: 19-102770

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) Read on Camera

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

SUBJECT: Steinman, Emily A CASE NUMBER: 19-102770

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: JAV. E. K. WHITE APR 19 2019

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

TESTING FACILITY TASK REPORT

AGENCY: FD-00

SUBJECT: Stammes Family 4 CASE NUMBER: 17-102770

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

BEGINNING TIME: 03:37 ENDING TIME: 03:40

BREATH TESTS RESULTS: 1) R TIME 03:39 (A.M./P.M.) 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T. Lankford 19183

MAINTENANCE TECHNICIAN: J. Carlock 46427

TESTING OFFICER'S OBSERVATIONS

SPEECH: not cooperative

ATTITUDE: not cooperative

CLOTHING: blue jeans white t-shirt

MEDICAL CONDITIONS: nothing noted

MEDICATIONS: nothing noted

OTHER: eyes of subject not checked

subject refused to provide breath sample

subject refused to provide breath sample

COMMENTS: could not understand 20 minute

observation period at 03:35 hrs.

arrived at scene at 03:37

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

subject refused to provide breath test

REFUSED

REFUSED

NOT A CERTIFIED COPY



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: 2019026198	Date: 8/12/2019
	Specialist Name/ID: Gammage/5660