

ADMISSION		ARREST / NOTICE TO APPEAR		1. Arrest 2. Request for Warrant		3. Request for Capias		1		JUVENILE	
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)							
0502600		Palm Beach Gardens Police Department		71816-006226							
Charge Type:		Check as many as apply:		1. Felony		2. Traffic Felony		3. Misdemeanor		4. Traffic Misdemeanor	
Location of Arrest (Including Name of Business)		9031 N MILITARY TRAIL PBG, FL 33410		Location of Offense (Business Name, Address)		NORTHLAKE BLVD/N MILITARY TRAIL, PALM BEACH		Enter Type		NONE	
Date of Arrest		11/29/2016		Time of Arrest		23:18		Booking Date		Booking Time	
Name (Last, First, Middle)		LARKIN, GINA TERESA		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race		W - White		Sex		F		Date of Birth		05/13/1969	
Height		5'01		Weight		140		Eye Color		BROWN	
Hair Color		BLONDE /		Complexion		LIGHT		Build		Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		TATT BOTH FOOT / MISC		Marital Status		S		Religion			
Local Address (Street, Apt. Number)		1064 VIA JARDIN, PALM BEACH GARDENS, FL 33418		Phone		(954) 648-9098		Indication of Alcohol Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number)		1064 VIA JARDIN, PALM BEACH GARDENS, FL 33418		Phone		(954) 648-9098		Residence Type:		1. City 3. Florida 2. County 4. Out of State 1	
Business Address (Name, Street)				Phone		(954) 648-9098		Address Source		FL DL	
D/L Number, State		L625298696730 / FL		Soc. Sec. Number				INS Number			
Co-Defendant Name (Last, First, Middle)				Race				Sex			
Co-Defendant Name (Last, First, Middle)				Race				Sex			
Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)		Date of Birth				Sex			
Address (Street, Apt. Number)				Date of Birth				Sex			
Notified by: (Name)				Date				Time			
Released To: (Name)				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.				School Attended				Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property			
Drug Activity		S. Sell		R. Struggle		K. Disperse/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
N. N/A		B. Buy		D. Deliver							
P. Possess		T. Traffic		E. Use							
Charge Description		DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL MARIJUANA) SZ		Statute Violation Number		893.13(6)(A)		Violation of ORD #			
Drug Activity		N		Amount / Unit		/		Offense #		16-006226	
Counts		1		Domestic Violence		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number			
Charge Description		DUI-DAMAGE TO PERSON/PROPERTY		Statute Violation Number		316.193(3)(C)(1)		Violation of ORD #			
Drug Activity		N		Amount / Unit		/		Offense #		16-006226	
Counts		1		Domestic Violence		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number			
Charge Description				Statute Violation Number				Violation of ORD #			
Drug Activity				Amount / Unit				Offense #			
Counts				Domestic Violence		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number			
Health / Apparent Physical Condition of Defendant				Any knowledge of the following:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:			
Check which applies:		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To			
Transported By				Date Transported		Time Transported		Other			
INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/>		Location (Court, Room)				Court Date and Time			
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		<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				No Photo Available	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		ID #		439					
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer		ID #		439		Agency		PAGE 1 OF 1	
Initials Depo		Pouch #		Witness here if subject signed with an "X"							

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

JKT # 0432 244

pch 585

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBT Number		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 16-006226	
Charge Type: Check as many as apply.		<input checked="" 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	
Name (Last, First, Middle) LARKIN, GINA TERESA		Alias		Race W		Sex F	
				Date of Birth 05/13/1969			
Charge Description 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIPTION		Charge Description 316.193(3)(C)(1) DUI-DAMAGE TO PERSON/PROPERTY					
Victim's Name (Last, First, Middle) State Of Florida		Race		Sex		Date of Birth	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
				Phone		Address Source	
				Phone		Occupation	

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 29 day of November, 2016 at 23:18 (Specifically include facts constituting cause for arrest.)

On Tuesday, November 29, 2016, at approximately 10:39pm, I was dispatched to 9031 N Military Trail, Palm Beach Gardens, Palm Beach County, Florida, in reference to a crash with injuries. The crash occurred in the right westbound lane of CR 809A (Northlake Blvd) east of CR 809 (N Military Trail).

Upon arrival, I made contact with all of the involved parties. I made contact with the driver of V2, who was identified by his Florida driver's license as Gregory Currie. Currie advised that he was stopped in the right westbound lane at the intersection of CR 809A and CR 809. Currie advised that he was rear-ended by a black SUV. Currie was able to driver his vehicle into the parking lot of the above-mentioned address. Currie stated that he was not able to put the driver of V1 behind the wheel. James Bent the passenger in V2 stated the same as Currie but he (Bent) stated that he was able to identify the driver. He stated that the white female later identify by her Florida driver's license as Gina Larkin, was the driver of V1. Currie and Bent were both transported to Gardens Medical Center without life threatening injuries.

I then contacted Larkin and she advised that she was traveling behind V2 and that the driver stopped short at the light. Larkin advised that she was ok and did not need any medical assistance.

I asked Larkin to exit the vehicle and when she exited she was unsteady on her feet. While speaking to Larkin, I smelled an odor of an unknown alcoholic beverage coming from her breath as she spoke, her speech was slurred and mumbled, and her eyes were red and glassy. I advised Larkin that the crash investigation was completed and that I was going to conduct a DUI investigation. I read Larkin her Miranda rights from a pre-printed card, which she stated she understood. I asked Larkin where she was coming from and she refused to answer. I advised Larkin that I was going to administer some roadside tasks and she refused to submit.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

11-30-16

DATE

SHARI L. C. NEAL
Notary Public - State of Florida
Commission # FF 96685
My Comm. Expires Jun 24, 2019
Bonded Through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BATISTA, EDGAR (439)

NAME OF OFFICER (PLEASE PRINT)

11/30/2016

DATE

PAGE

1 OF 2

COURT

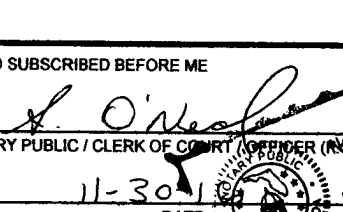
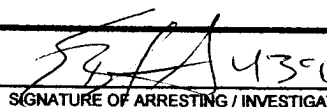
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number	Agency Name		Agency Report Number						
FL 0502600	PALM BEACH GARDENS POLICE		7 8 16-006226						
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:				
Name (Last, First, Middle)		Alias			Race	Sex	Date of Birth		
LARKIN, GINA TERESA					W	F	05/13/1969		
<p>Based upon the totality of the circumstances I placed Larkin under arrest for DUI. Larkin was handcuffed, the handcuffs were double locked and checked for fit. Larkin was searched by Ofc. Clayton (#276) and placed in the backseat of my patrol vehicle.</p> <p>I then transported Larkin to the Palm Beach County Breath Alcohol Testing Center (BAT) without incident. Upon arrival at the BAT I conducted a twenty-minute observation where Larkin put nothing in her mouth and did not vomit. I then brought Larkin on camera where she began to refuse to followed my commands and stand on the marked yellow "X" located on the floor. During that time, Larkin slipped her handcuffs and I had to restrain Larkin in order to place the handcuffs back on. Larkin was asked to submit to the breath test and she refused. I read Larkin Implied Consent for Driving Under the Influence and I once again asked Larkin if she would submit to the breath test and she refused. Larkin's refusal time was 12:08am.</p> <p>Larkin also had in her possession a Tylenol bottle with different kinds of pills to include 13 white in color round pills with 027 R on it. The pill was identified by Drug.com as Alprazolam .25mg. This pills were found without a prescription or in the proper container.</p> <p>Based on the above facts and circumstances, Gina Larkin was placed under arrest and charged with one count of possession of a controlled substance (13 pills) in accordance with F.S.S. 893.13(6) (A). Larkin also operated a vehicle on the streets of Palm Beach Gardens, in Palm Beach County, while under the influence to the extent that her normal faculties were impaired, in accordance with F.S.S. 316.193(1). Larkin was issued a Uniform Traffic Citation (A7GBTFE).</p>									
NOT A CERTIFICATE									
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT OFFICER (NOTARY) SHARI L. O'NEAL Notary Public - State of Florida Commission # FF 966854 My Comm. Expires Jun 25, 2020 Bonded through National Notary Assn. DATE 11-30-16					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BATISTA, EDGAR (439) NAME OF OFFICER (PLEASE PRINT) 11/30/2016 DATE				
ID					PAGE 2 OF 2				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF November 20 26, AT 2318 AM PM
SUBJECT: Gina Larkin CASE NUMBER: 16-006226

AGENCY: PALM BEACH GARDENS POLICE DEPT.

ARRESTING OFFICER: E. Batista #439

PERSONAL CONTACT

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

On Tuesday, November 29, 2016, at approximately 10:39pm, I was dispatched to 9031 N Military Trail, Palm Beach Gardens, Palm Beach County, Florida, in reference to a crash with injuries. The crash occurred in the right westbound lane of CR 809A (Northlake Blvd) east of CR 809 (N Military Trail). I made contact with all of the involved parties. I was advised by the driver of V2, Gregory Currie that he was stopped in the intersection of CR 809A and CR 809. Currie advised that he was rear-ended by a black SUV. James Bent, the passenger in V2 stated he was able to identify the driver. He stated that the white female later identify by her Florida driver's license as Gina Larkin, was the driver of V1.

OBSERVATION OF DRIVER:

I asked Larkin to exit the vehicle and when she exited she was unsteady on her feet. While speaking to Larkin, I smelled an odor of an unknown alcoholic beverage coming from her breath as she spoke, her speech was slurred and mumbled, and her eyes were red and glassy. I advised Larkin that I was going to administer some roadside tasks and she refused to submit.

DRIVER'S STATEMENTS:

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: cooperative to argumentative and back to cooperative.

CLOTHING: White blouse, blue jeans, and heels.

MEDICAL/OTHER: unknown

STATE OF FLORIDA
COUNTY OF PALM BEACH

SR 439
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of November 20 16 by

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

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



BATISTA
(439)

16006226



Information Regarding Review Hearing

FINAL ORDER

This will serve as notice of final order of license suspension/disqualification effective on the date it was issued to you. You may request a formal or informal review of the suspension/disqualification, or if this is your first DUI related offense, you may waive the review and request a review to determine eligibility for a restricted license. If you want the department to conduct a review of your suspension/disqualification you must request such review at the location indicated on the reverse side. Your request must be submitted in writing within ten calendar days after the date of suspension/disqualification and include a copy of this notice. When requesting a review, or if this is your first DUI related offense and you wish to waive the review and request an eligibility review for a restricted license, you must include a non-refundable filing fee of \$25 made payable to DHSMV.

REVIEW PROCESSES

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer. The formal review allows you to be heard and present witnesses in regard to this suspension/disqualification.

WAIVER OF FORMAL/INFORMAL REVIEW

If this is your first DUI related offense and you otherwise qualify, you may waive your right to a review of the suspension and receive a business purpose only license for use during the period your driver license is suspended. A non-refundable filing fee of \$25 made payable to DHSMV is required for determination of your eligibility for a restricted license.

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

- Whether the law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a motor vehicle in this state while under the influence of alcoholic beverages or controlled substances (DUI).
- Whether the person had an unlawful blood or breath alcohol level (.08 or above).

REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST

- Same as number one above.
- Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer.
- Whether the person whose license was suspended was told that if he or she refused to submit to such test his or her privilege to operate a motor vehicle would be suspended.

**IN CASE OF A DISQUALIFICATION THE FOLLOWING ISSUES WILL BE CONSIDERED:
DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)**

- Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle, or any motor vehicle if the driver holds a commercial driver's license, in this state while he or she had any alcohol, chemical substances, or controlled substances in his or her body.
- Whether the person had an unlawful blood-alcohol level of 0.08 or higher.

REFUSAL TO SUBMIT TO A BREATH, BLOOD, OR URINE TEST

- Same as number one above.
- Whether the person refused to submit to any such test after being requested to do so by a law enforcement or correctional officer.
- Whether the person was told that if he or she refused to submit to such test his or her driving privilege to operate a commercial motor vehicle would be disqualified.

**FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE
WAIVER OF YOUR RIGHT TO A REVIEW OF THE SUSPENSION/DISQUALIFICATION AND
A REVIEW OF YOUR ELIGIBILITY FOR A RESTRICTED LICENSE.**

Location of Administrative Reviews Hearing Offices

- Clerwater 33762**
4585 140th Avenue North,
Suite 1002
- Daytona Beach 32114-4663**
995 Orange Avenue
- Fl. Myers 33901**
4048 Evans Avenue, Suite 305
- Fl. Pierce 34982-8105**
3220 South Federal Hwy., Suite 8
- Gainesville 32609-2861**
2815 N.W. 13th Street, Suite 302
- Jacksonville 32210-3522**
7439 Wilson Blvd
- Lantana 33462**
1299 West Lantana Rd.
- Lauderdale Lakes 33144**
3718-3 West Oakland Park Blvd
- Miami 33144**
7795 West Flagler Street, Suite 82C
- Melbourne 32901-7121**
2325 S. Babcock Street
- Panama City 32401-2230**
334 West 15th Street (Lincoln Center)
- Pensacola 32503-7450**
1100 Stumpfield Road
- Tallahassee 32309-0500**
2300 Apalachee Pkwy, Rm B141,
MOB5
- Tampa 33610-4479**
2814 East Hillsborough Avenue
- Orlando 32810-4221**
4701 Clarcona-Ocoee Road, Ste. 152
- Winter Springs 32708**
154 Tuscanville Road, Suite 1368

FLORIDA DUI UNIFORM TRAFFIC CITATION

A7GBTTFE

COUNTY OF PALM BEACH 06		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) PALM BEACH GARDENS		AGENCY NAME PALM BEACH GARDENS	
		AGENCY # 78	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HEREIN HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK TUESDAY	BIRTH 11	DAY 29	YEAR 2016
NAME (PRINT) FIRST GINA		MIDDLE TERESA	LAST LARKIN
STREET 1064 VIA JARDIN			
CITY PALM BEACH GARDENS		STATE FL	ZIP CODE 33418
TELEPHONE NUMBER	DATE OF BIRTH 05	DAY 13	YEAR 1969
		RACE W	SEX F
		NOT	501
DRIVER LICENSE NUMBER L 6 2 5 2 9 8 6 9 6 7 3 0	STATE FL	CLASS E	COLOR BLK
VEHICLE YEAR 2015	VEHICLE MAKE HYUN	VEHICLE STYLE UT	VEHICLE COLOR BLK
VEHICLE LICENSE NO. Y12JHF	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2017
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY NORTHLAKE BLVD/N MILITARY TRL, PALM BEACH GARDENS			
FT. _____ MILES _____ OF ROAD			

DID 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 FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF _____

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation)

DUI-DAMAGE TO PERSON/PROPERTY

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER IN YEARS	STATE STATUTE	SECTION	SUB-SECTION
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		316.193	(3)(C)(1)
DAMAGE TO OTHER PROPERTY	BATTERY TO ANOTHER	REMOVING BODILY BATTERY TO ANOTHER	FATAL	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE	TIME	A7GBTTFE
NORTH COUNTY GOVERNMENT CENTER		
3188 PGA Boulevard PBG, FL 33410		

ARREST DELIVERED TO _____ DATE _____
I AGREE AND PROMISE TO COMPLY AND ARRIVE TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILTY OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

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 SIX 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.

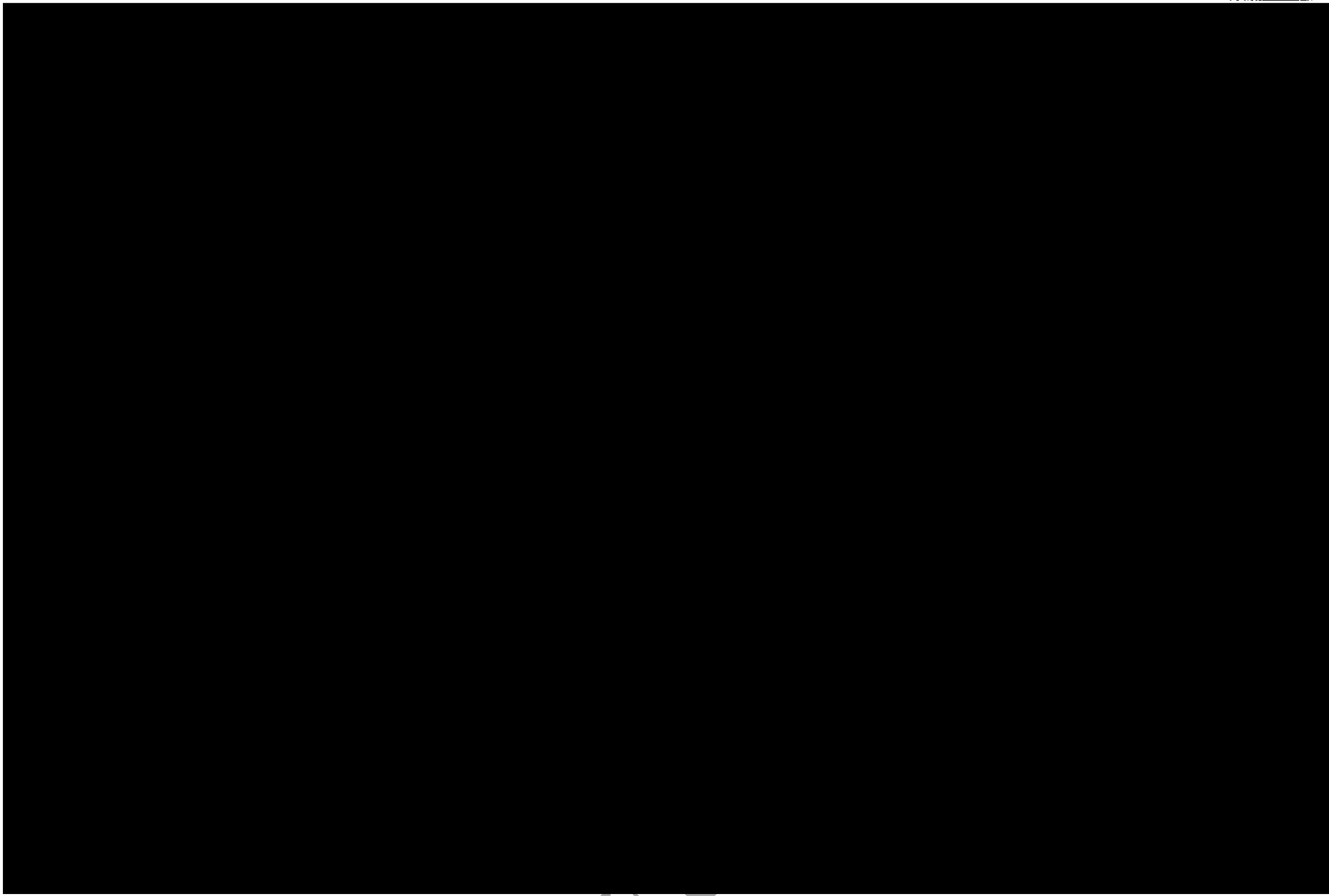
☒ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2815, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON _____
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.

RANK: SIGNATURE OF OFFICER _____ BADGE NO. _____ ID NO. _____ TROOP UNIT _____
DHSMV 75964 (Rev. 10/14)



NOT A CERTIFIED

SUBJECT: Gina Larkin

CASE NUMBER: 16-006226

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:

WALK & TURN:

Larkin refused to perform the walk and turn task.

ONE LEG STAND:

Larkin refused to perform the one leg stand task.

FINGER TO NOSE:

Larkin refused to perform the finger to nose task.

ROMBERG/ALPHABET:

Larkin refused to perform the task.

BREATH TEST RESULTS: refused to submit

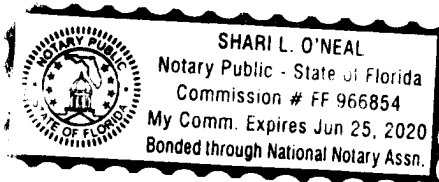
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 30 day of November, 2016 by

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

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



TESTING FACILITY TASK REPORT

4

AGENCY: PPG Ofc. Batista #429

SUBJECT: Larkin, G. T. CASE NUMBER: 16-158149

DATE: 11-29-16/11-30-16 VIDEO TAPE NUMBER: 61732

BEGINNING TIME: 0015hrs ENDING TIME: 0019hrs

BREATH TESTS RESULTS: 1) 7:013 5.0 A.M./P.M. 2) TIME A.M./P.M.
TIME A.M./P.M. 4) TIME A.M./P.M.

REFUSED

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: D/S J. Korteck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

* ATTITUDE: Emotional, Crying, Uncooperative, Belligerent

CLOTHING: Shirt - White

MEDICAL CONDITIONS: Yes

MEDICATIONS: Yes

OTHER: Eyes: Red & Watery from crying

* Profane, Severe Alcoholism

Strong odor of unbreathable alcoholic beverage. #134

COMMENTS: 20 min. observation done by A/c Batista

D was being uncooperative on and off camera.

D slipped out of her handcuffs, D was being

very uncooperative and belligerent on camera.

D had to be restrained because she was

being very uncooperative.

A/c requested the breath test.

D refused the test. (Profane)

A/c read the implied consent.

D still refused the test. (Profane)

No Q&A conducted.

See video for behavior

SUBJECT: Gina Larkin CASE NUMBER: 1600 6226

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 E. Batista #1429 of the Palm Beach Gardens

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) _____

SUBJECT: Gina Larkin CASE NUMBER: 16006226

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: L. B. B. #1139

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

CASE NUMBER: 16-006226

ARRESTING OFFICER: E. Batista #439

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

PHONE NUMBERS (HOME): _____ (WORK) 561-799-4445

CAN TESTIFY TO: The crash and DUI investigation

NAME: Gregory Currie

ADDRESS: 2445 Shoma Dr Apt 5 Royal Palm Beach, FL 33414

PHONE NUMBERS (HOME) 561-729-1149 (WORK) _____

CAN TESTIFY TO: The crash

NAME: James Bent

ADDRESS 3615 Windsor Ave WPB, FL, 33407

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: The crash and putting Larkin in the vehicle.

NAME: Ofc A. Tawil #266

ADDRESS 10500 N Military Trail, PBG, FL 33410

PHONE NUMBERS (HOME) [REDACTED] (WORK) _____

CAN TESTIFY TO: Larkin's road side refusal.

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: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____