



FLORIDA HIGHWAY PATROL

17CF4186
J#0487439 NHREPORT NUMBER
FHP99ARR130569

ARREST REPORT

Report Date / Time 04/27/2017 02:13 AM	Agency Case/Offense Number FHPL17OFF032488	OCA Number	Originating Agency Case Number	OBTS Number	Chandler Based Transaction System	Jail Booking Number	Other Number LWRC17CAD071919
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LOCATION OF OCCURRENCE

County PALM BEACH	Address NB I-95 (SR-9) N OF INDIANTOWN RD, JUPITER, FL 33458
Range of Occurrence Date/Time 04/27/2017 12:58 AM to 04/27/2017 12:58 AM	Latitude N 26 56.7829

PERSON: SUSPECT

First Name JAIME	Middle Name ALEXANDRA	Last Name DOERR	Suffix	Date of Birth 03/06/1985	Age 32	Race W	Sex F	Height 511	Weight 180	Hair BRO	Eyes BRO
Master Name Index Number	Place of Birth MORGANTOWN WV	Nation US	SSN		Driver's License or Other ID D600421855860	State FL	Class or Type E				
Address 116 S RIVERSIDE DR APT 402		City POMPANO BEACH	County PALM BEACH		State FL	Zip Code 33062	Phone				

CHARGES

Counts ► 1	Charge Number 316.193.1	Charge DUI-UNLAW BLD ALCH	(1) DL NO GENERAL OFFENSE CODE PRINCIPAL	<input type="checkbox"/> Hate Crime	<input type="checkbox"/> Domestic Violence	Bond Amount \$0.00
DUI ALCOHOL OR DRUGS						

Counts ► 1	Charge Number 316.193.3	Charge FLEE/ELUDE POLICE	(1) 7.500 GENERAL OFFENSE CODE PRINCIPAL	<input type="checkbox"/> Hate Crime	<input type="checkbox"/> Domestic Violence	Bond Amount \$0.00
FLEE ELUDE LEO AT HIGH SPEED						

PROBABLE CAUSE

On the referenced date and approximate time while on routine patrol I was dispatched to a vehicle driving southbound in the northbound lanes of I-95 (State Road 9) just north of Indiantown Road (State Road 706). I was informed that Road Ranger was stopped with the vehicle. Upon arrival on scene I observed a blue vehicle in the center median on the southbound side of I-95 with Road Ranger Mark Torrijos and James Anderson. I then observed a light colored Hyundai make a uturn from the southbound side of I-95 thought the grass median to the northbound side of I-95 (State Road 9). I activated my emergency lights and equipment to conduct a traffic stop on the vehicle for the illegal uturn. The vehicle put on its left turn signal and began to increase its speed. As speeds exceeded 100mph and the vehicle was actively fleeing and making evasive movements around other vehicles, I turned off my emergency equipment and informed dispatch that I was cancelling my attempt to stop the vehicle at approximately the 89-90mm. I asked dispatch to inform units ahead in Martin County of the situation and also Martin County Sheriff's Office.

Martin County Sheriff's office had a Tactical Flight officer (D/S Edward Stagmiller) in the air with a visual of the light colored vehicle The vehicle was noted as being all over the road at a high rate of speed. The air unit was able to direct its Deputies to the vehicle where it failed to stop for them until the 110mm.

After the vehicle was stopped by Cpl David Yun and D/S Charles Ruby with the Martin County Sheriffs Office the driver was identified by her Florida Photo Drivers License as Jaime Alexandra Doerr. Road Ranger Mark Torrijos and James Anderson arrived on scene and identified Jaime Doerr and the Hyundai as the same person and vehicle that had fled from the original scene by Indiantown Road.

After I arrived on scene I spoke with Doerr and asked why she fled from me. Doerr appeared confused and disoriented and stated she had her lawyer on the phone. Doerr's face was flushed, her eyes bloodshot and watery, her speech was slurred and mumbled, and she had a strong odor of an alcoholic beverage coming from her breath. Doerr stumbled as she walked and she lacked coordination and swayed while standing. I explained to Doerr why I was originally trying to stop her then asked her to perform Field Sobriety Exercises.

Due to the fact we were on top of the overpass which was on the decline and for the subjects safety we relocated to a flat surface under the overpass on Martin Highway (CR-714). Doerr had mood changes and began crying. I helped Doerr out of the vehicle and she became hysterical dropping to the ground and crying. I tried to reason with her with the assistance of a deputy but after several minutes we helped her stand up to move her out of the grass where she was laying. I asked Doerr to perform Field Sobriety Exercises again but Doerr refused and continued to lay on the ground and cry. When we stood Doerr up again she was unable to stand on her own due to her impairment. Based on Doerr not being cooperative and her inability to perform Field Sobriety exercises safely, Doerr was placed under arrest, placed in handcuffs and double locked checking for tightness. Once placed in my patrol vehicle Doerr started screaming and became uncooperative again and then she fell asleep. As I began traveling southbound on I-95 towards Palm Beach County I tried talking with Doerr who was now laying down in the back seat of my Patrol Vehicle. Doerr was unresponsive, not answering my questions so I stopped the vehicle to check on her. After stopping I sat Doerr back up and tried to talk with her. Doerr was breathing but not responding to me. To make sure Doerr was not having medical issues I called Martin County Fire Rescue to respond at the 105mm. Martin County Fire Rescue arrived on scene and check Doerr's Vitals and Blood sugar and found them to be within normal ranges. I was advised by Fire Rescue her actions were those of someone faking being unconscious. Doerr would wake up and say she wanted Amy her fiance then she would pass out again. After being medically cleared with Fire Rescue I continued south to the Palm Beach County Jail. Prior to arrival at the Jail, Doerr woke up and was talking again. Doerr's speech was still slurred and mumbled and her statements were not making sense.

After arrival at the Palm Beach County Jail Doerr remained awake. A 20minute observation was made and Doerr was requested to provide a sample of her breath. Doerr refused to provide a sample of her breath and implied consent was read. Again Doerr refused to provide a sample of her breath. Miranda was read and Doerr said she would answer questions. I asked Doerr if she was driving a vehicle at the time of the stop and Doerr stated she was forced to stop. I asked what she meant by she was forced to stop and then Doerr refused to answer any other questions.

In car video is available for the attempt to stop, attempt of road side exercises.
Martin County Sheriff Tactical Flight Officer D/S Edward Stagmiller has video from the air.
Refusal Video available Through Palm Beach County BAT.

MARCH 2017 APR 28
GUN CLUBAPR 29 AM 6:50
8:12
APR 28 2017

FHP99ARR130569

ARREST REPORT

SCANNED APR 29 2017
Page 1 of 2

LEO BOND

Bond Amount \$ TO BE SET	None <input type="checkbox"/> Pro	<input type="checkbox"/> ROR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> PreTrial If Quality	<input type="checkbox"/>
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COURT APPEARANCE INFORMATION

Court (CIRCUIT) CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Date & Time TO BE SET
Court Address 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406		
Instructions		

ARREST INFORMATION

Arrest Date / Time 04/27/2017 02:13 AM	Residency Within jurisdiction	Injured None	Extent of Injury N/A	Resist Arrest Yes
Prior Arrests Unknown	Arrest Jurisdiction Within jurisdiction	Alcohol Yes	Drugs No	

ARREST LOCATION

County MARTIN	Address NB I-95 (SR-9) N OF MM110 , , FL	PALM CITY
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ARREST DELIVERED TO

Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	Phone (561) 688-4400
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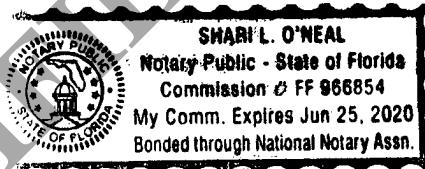
ARRESTING OFFICER

Officer Call Number 1138	Officer Name R.E. WEBER	Officer Signature 
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Subscribed and sworn to (or affirmed) before me this 27TH day of APRIL A.D., 2017 by RONALD WEBER who is personally known to me or has produced Shari L. O'Neal as identification.

Shari L. O'Neal Notary Public LEO CO Commission No: _____ My Commission Expires: _____

Signature



Florida Department of Highway Safety
and Motor Vehicles

FLORIDA HIGHWAY PATROL



**DUI INVESTIGATION
CASE REPORT**

Offense Date: 4/27/2017

Report Date: 4/27/2017

FHP Case #: FHPL17OFF032488

THI Case #: _____

Defendant Name: JAIME ALEXANDRA DOERR

Incident Type / Charges: S1 / DUI

Arresting Trooper: RONALD WEBER TROOPER 3011
Print Name, Rank, and ID #  Signature

Reviewing Supervisor: _____
Print Name, Rank, and ID # _____ Signature

Test Type: Blood Breath Urine Refusal None

Video: Yes No Drug Recognition Evaluation: Yes No

State Attorney Copy DL Administrative Packet E/P Copy Station Copy

Trooper Copy Other (Specify): _____

Bureau of Administrative Reviews (BAR)
Waiver Review
First Time DUI Offenders

Effective 07/01/2013 – First time DUI offenders can apply for a waiver review and may obtain a restricted driver license within 10 days of the suspension if otherwise eligible. To request the waiver review, a non-refundable filing fee of \$25.00 and proof of DUI school enrollment must be submitted with your application for a waiver review hearing within 10 days of the driver license suspension. You may submit your request by appearing at the local BAR office indicated on the DUI citation.



FLORIDA HIGHWAY PATROL
DUI CASE REPORT CHECKLIST

Defendant Name: JAIME ALEXANDRA DOERR

FHP Case#: FHPL17OFF032488

THI Case#: _____

Offense Date: 4/27/2017

Report Date: 4/27/2017

- Cover Sheet (HSMV 61295)
- Table of Contents (HSMV 61305)
- DUI Case Report Checklist (HSMV 61306)
- Copy of DUI Citation (Hard Copy - Specific DUI UTC for DL Packet)
- BAR Waiver Review Notice – Copy Issued with DUI UTC for 1st Time DUI Offenders
- Copy of All Other Traffic Citations, Written Warnings, & Faulty Equipment Notices
- Completed UTC Transmittal Form (HSMV 75954)
- Original DL, If Surrendered (Submit with DL Packet); Copy for Others
- Copy of Identification Card, If No DL
- Arrest Report / Probable Cause Affidavit
- Offense Report
- Alcohol and Drug Influence Report (HSMV 61160)
- Standardized Field Sobriety Exercises Instruction Sheet Copy of SFSEs Pocket Cards
- Implied Consent (HSMV 61299 / 61301) Copy of Implied Consent Pocket Card (HSMV 61304)
- Breath Alcohol Test Affidavit (FDLE / ATP Form 38)
- Consent to Voluntary Blood Withdrawal (HSMV 61296)
- Search / Arrest Warrant (Missouri v. McNeely)
- Certificate of Blood Withdrawal (FDLE / ATP Form 11)
- Toxicology Services - DUI Lab Work Request (FDLE / T Form 01) or Other Lab's Request Form
- FDLE or Other Laboratory Results
- Refusal to Submit Affidavit (HSMV 78054) (Submit Original with DL Packet)
- Miranda Warning (HSMV 61297 / 61298) Copy of Miranda Warning Pocket Card (HSMV 61300)
- DAVID / FCIC-NCIC Printout (DL & Vehicle)
- Criminal History
- Evidence/Property Receipt (HSMV 61802 / IEvidence)
- Tow Report / Inventory and Vehicle Storage Receipt (HSMV 61801)
- Florida Traffic Crash Report (HSMV 90003/4/5)
- Witness List (HSMV 62704) / Witness Interview (HSMV 62705)
- Notification of DL Hearing (HSMV 61170)
- Affidavit of Investigative Costs (HSMV 61303)
- Copy of Audio/Video Recording (DVD) Attached Audio/Video Recording On File
- Copy of Photographs Attached Photographs On File
- Consent to Search (HSMV 61061)
- Drug Interdiction Reporting Form (HSMV 60105)
- Notice of Seizure / Right to Adversarial Hearing (HSMV 61023)
- FHP CAD Call History
- Other (specify): _____
- Any Items Required By Local Jurisdiction (see below): _____

FLORIDA CITATION TRANSMITTAL FORM

Transmitted to: CLERK OF COURT - TVB PALM BEACH COUNTY	<input type="checkbox"/> By Mail <input type="checkbox"/> In Person <input type="checkbox"/> Other <small>(Explain Under Remarks)</small>
Transmitted By: R.E. WEBER TROOPER 3011 L Enforcement Agency: FLORIDA HIGHWAY PATROL Address: P.O. BOX 540007, GREENACRES, FL 33454	
Date: 4/27/2017	

The below listed complaint and abstract copies of citations issued by the above are transmitted herewith for court action as required by 316.650 (3) F.S.

CITATION NUMBER	DATE ISSUED	COURT COPIES ATTACHED YES NO	BLUE COPY PREVIOUSLY SENT YES NO	REMARKS	CITATION NUMBER	DATE ISSUED	COURT COPIES ATTACHED YES NO	BLUE COPY PREVIOUSLY SENT YES NO	REMARKS
A7MBUIE	04/27/2017			UTC					
A7MBUJE	04/27/2017			UTC					
A7MBUKE	04/27/2017			UTC					
A75ZD6E	04/27/2017			DUI					

NOT A CERTIFIED COPY

Total Number of Citations Attached: 4 Received By: _____ Date: _____

THE ABOVE LISTED CITATION COPIES ARE SUBMITTED HEREWITH ON 4/27/2017
 AS PROVIDED IN 316.650 FLORIDA STATUTE. (DATE)

Prepared By: BUREAU OF UNIFORM TRAFFIC CITATIONS / Division of Driver Licenses
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

ARREST AFFIDAVIT CONTINUATION

Agency Case Number FHP170FF032488	Arrest Date 04/27/2017	Defendant Name (Last, First, Middle) Doerr, Jaime Alexandra
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On 04/27/17 at approximately 0125 hours, I Cpl. David Yun with the Martin County Sheriff's Office (MCSO), responded to the area of Interstate 95 regarding a reckless vehicle. Florida Highway Patrol (FHP) relayed a Be On the Lookout (BOLO) regarding a vehicle that fled from a traffic stop. The vehicle was described as a light in color Hyundai Sonata last seen northbound on Interstate 95 at the south county line. We also received information that the vehicle was originally called in as a wrong way driver on Interstate 95.

Due to the time delay, I responded directly to the area of Interstate 95 and S Kanner Highway when Tactical Flight Officer, D/S Edward Stagmiller stated he had visual on a light colored vehicle, northbound on the interstate just north of my location at a high rate of speed. I then attempted to catch up with the vehicle as D/S Stagmiller provided location updates.

I was able to catch up with the vehicle gain visual as it approached Mile Marker 108. At this point, the vehicle was straddling the right fog line, traveling on both the right lane and the right shoulder. The vehicle then abruptly changed lanes from the far right side of the highway, traveling over 3 lanes of travel into the far left lane. While doing so, it appeared the driver was attempting to signal the "lane change" but was having a difficult time. The turn signal switched from left to right several times.

I was able to get directly behind the vehicle as it approached Mile Marker 109. The vehicle matched the description provided by FHP. The vehicle was a light blue, Hyundai Sonata bearing Florida license plate: DAVH96. While behind the vehicle, in the left lane, it traveled in a serpentine manner, drifting from side to side. Based on the driving pattern observed up to this point and the information relayed by FHP, I feared the driver was either sick, injured or impaired.

I activated my emergency lights to conduct a traffic stop as we were approaching Mile Marker 110 where I received no response from the driver. The vehicle continued to travel northbound, passing the 110. I notified our dispatch center of my attempt at a traffic stop. Due to the driver not responding or pulling over, D/S Charles Ruby positioned his patrol vehicle to the front-right of the Hyundai in an attempt to gain the attention of the driver. The driver finally pulled over, on top of the 110 overpass.

I made contact with the driver who was later identified as, Jaime Alexandra Doerr out of Pompano Beach, Florida. When asked why she was driving the way she was, Jaime appeared extremely confused. Jaime then started rambling about how she was driving "north" to drop "Kim" off then was going to head back "south." When asked who and where Kim was, Jaime looked back into her empty backseat. It should be noted that Jaime was the sole occupant of the vehicle. When asked if she knew where she was, Jaime said "Yes, in North Boca..."

During conversation, I noticed that Jaime had bloodshot-glassy eyes, slurred her speech and had a moderate to strong odor of an alcoholic beverage coming from her breath. Based on the observations I made of Jaime and her driving pattern, I believed she was impaired beyond her normal faculties to operate a vehicle safely. Trooper Ronald Weber arrived on scene and took over the investigation.

This ends my involvement in this case.

Sworn & Subscribed before me this _____ day of _____,

The preceding is true to the best of my present knowledge or belief.

NOTARY / ASA _____

signature Ca A YUN MCSO 315/1789

My commission expires _____

Agency _____

CLERK COURT COPY

STATE ATTORNEY COPY

JAIL COPY

ARRESTING AGENCY COPY

DEFENDANT

Florida Highway Patrol
ALCOHOL AND DRUG INFLUENCE REPORT

Case Number: **FHPL17OFF032488**
 Offense Location: **NB I-85 STATE ROAD N OF INDIANTOWN RD**
 Arresting Trooper / ID#: **RONALD WEBER TROOPER 3011**
 Defendant: **JAIME ALEXANDRA DOERR** **03/06/1985**
 (Name) **DOB**

Offense Date: **4/27/2017** Time: **12:58** AM PM
 Arrest Date: **4/27/17** Time: **2:13** AM PM
 Crash: Yes No
 In Car Video Used: YES NO
 DUI Citation Number: **A75ZD6E**

PHASES OF DETECTION

Phase 1 - Vehicle in Motion: (If more than 12 total lines of type in Phases of Detection Section use Narrative Continuation page of this form)

SEE ARREST REPORT

Phase 2 - Physical Contact:

SEE ARREST REPORT

Phase 3 - Pre-Arrest Screening:

SEE ARREST REPORT

Traffic Crash Details:

NA

DUI DETECTION DRIVING CUES

Not Applicable - Traffic Crash Investigation

Problems In Maintaining Proper Lane Position:

Weaving Weaving Across Lane Lines Drifting Straddling a Lane Line Swerving Almost Striking Object or Vehicle
 Turning With Wide Radius

Speeding and Braking Problems:

Braking Erratically (too far/short/jerky) Unnecessary Acceleration/Deceleration Varying Speed
 Driving 10mph or More Below Speed Limit

Vigilance Problems:

Driving Without Headlights Failure to Signal/Signal Inconsistent With Actions Driving in Opposing Lanes or the Wrong Way on a One-Way
 Slow Response to Traffic Signals Slow or Failure to Respond to Officer's Signals Stopping in Lane for No Apparent Reason

Judgment Problems:

Following Too Closely (Tailgating) Improper/Unsafe Lane Change Turning Abruptly or Illegally
 Driving on Other Than Designated Roadway Stopping Inappropriately in Response to Officer Inappropriate/Unusual Behavior
 Appearing to be Impaired

POST-STOP CUES

Difficulty With Motor Vehicle Controls Fumbling With DL/Registration Difficulty Exiting the Vehicle
 Repeating Questions/Comments Swaying, Unsteady, or Balance Problems Leaning on the Vehicle or Other Object
 Slurred Speech Slow to Respond to Officer/Officer Must Repeat Provides Incorrect Information or Changes Answers
 Odor of Alcoholic Beverage From the Driver

RONALD WEBER
Trooper
HSMV 61160 (Rev.03/14)

TROOPER 3011

FHPL17OFF032488

ID Number

Case Number

Page _____ of _____

STANDARDIZED FIELD SOBRIETY EXERCISES (SFSEs)

Performed: Yes No - Why: Unable Too Impaired Refused

Date: 4/27/17 Time: _____ AM PM

Given By (Name / ID#): TROOPER RONALD WEBER

Location: Roadside/On-Scene Parking Lot Sidewalk/Driveway BAT/Testing Facility Medical Facility Jail Other: _____

Lighting: Day Night Dusk Dawn Street Light Vehicle Lights Other: _____

Surface: Dry Wet Paved Dirt Hard Level Upgrade/Downgrade Marked Line Other: _____

Weather Conditions: Rain Fog Smoke Wind Ice Other: _____

Video: Yes Intoxilyzer Room BAT In Car Other: _____

No Why?

If refused, was refusal captured on video? Yes No

Subject's Education Level: None Elementary Middle/Junior High High School College Other: _____

Subject's Ability To Understand Instructions: Good Fair Poor Unable

Wearing Glasses Yes No

Wearing Contacts Yes No

Equal Pupil Size Yes No

Resting Nystagmus Yes No

Eye Problems Yes No Artificial Eye Yes No

Able to Follow Stimulus Yes No Equal Tracking Yes No

HORIZONTAL GAZE NYSTAGMUS

Lack Smooth pursuit: Left eye

Lack Smooth pursuit: Right eye

Distinct & Sustained Nystagmus at Max deviation: Left Eye

Distinct & Sustained Nystagmus at Max deviation: Right Eye

Onset of Nystagmus prior to 45 degrees: Left Eye

Onset of Nystagmus prior to 45 degrees: Right Eye

TOTAL CLUES OBSERVED (Decision point 4)

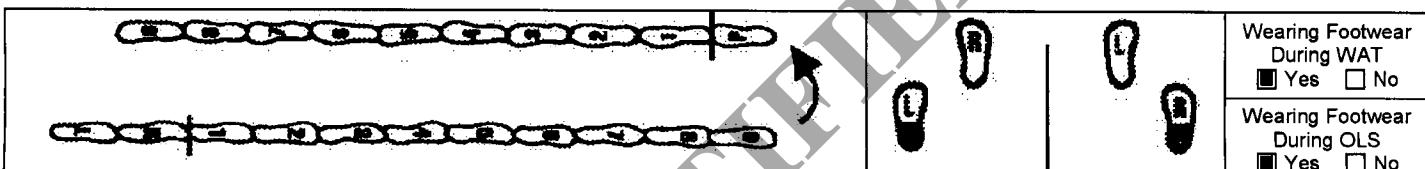
Exercise was: Refused

VERTICAL GAZE NYSTAGMUS Refused

LACK OF CONVERGENCE Select One



Draw arrows in the direction that eyes move.



Wearing Footwear During WAT
 Yes No

Wearing Footwear During OLS
 Yes No

WALK AND TURN

Cannot keep balance while listening to instructions

Starts before instructions are finished

Stops walking to steady self

Does not touch heel-to-toe

Loses balance while walking (steps off the line)

Uses arm(s) for balance (raising arm(s) over six inches)

Incorrect number of steps

Incorrect turn or loses balance during turn

Cannot perform, subject is in danger of falling

TOTAL CLUES OBSERVED (Decision point 2)

Exercise was: Refused

FINGER TO NOSE (OPTIONAL EXERCISE)

Uses arm(s) for balance (raising arm(s) over six inches)

Sways forward-backward / side-to-side

Eyes do not remain closed

Brings head forward to finger

Misses tip of nose with tip of finger

Uses wrong hand

Forgets to remove finger

Cannot perform, subject is in danger of falling

Exercise was: Refused

RHOMBERG BALANCE (OPTIONAL EXERCISE) / 30 seconds

Uses arm(s) for balance (raising arm(s) over six inches)

Sways forward-backward / side-to-side

Eyes do not remain closed

Eye lid tremors

Body tremors

Cannot perform, subject is in danger of falling

Exercise was: Refused

ONE-LEG STAND / 30 seconds

Sways while balancing

Uses arm(s) to balance (raises arm(s) over six inches)

Hops

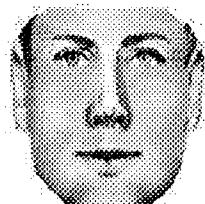
Puts foot down

Cannot perform, subject is in danger of falling

TOTAL CLUES OBSERVED (Decision point 2)

Exercise was: Refused

Right Finger Left



Draw a line from the number to the area touched

ORDER:

1. Left	2. Right	3. Left
4. Right	5. Right	6. Left

OBSERVATIONS

CLOTHING DESCRIPTION AND COLOR	Hat / Cap _____ Jacket / Coat _____ Shirt / Dress GRAY SHIRT Footwear WHITE/GRAY SNEAKERS Pants / Skirt BLACK PANTS
CLOTHING CONDITION	<input checked="" type="checkbox"/> Orderly <input type="checkbox"/> Disorderly <input type="checkbox"/> Clean <input type="checkbox"/> Mussed <input type="checkbox"/> Unzipped <input type="checkbox"/> Inside Out <input type="checkbox"/> Torn <input type="checkbox"/> Naked <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Vomit <input type="checkbox"/> Blood <input type="checkbox"/> Other: _____
BREATH	Odor of Alcoholic Beverage <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input type="checkbox"/> Polite <input type="checkbox"/> Cooperative <input type="checkbox"/> Silent <input checked="" type="checkbox"/> Sleepy <input checked="" type="checkbox"/> Lethargic <input checked="" type="checkbox"/> Confused <input type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input type="checkbox"/> Indifferent <input type="checkbox"/> Profanity <input checked="" type="checkbox"/> Mood Swings <input type="checkbox"/> Cocky <input type="checkbox"/> Insulting <input checked="" type="checkbox"/> Remorseful <input type="checkbox"/> Combative <input type="checkbox"/> Sarcastic <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Argumentative <input type="checkbox"/> Threatening <input type="checkbox"/> Sullen <input type="checkbox"/> Other: _____
COLOR OF FACE	<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____
EYES	<input checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ Reaction to Light: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> No Reaction
PUPILS	<input type="checkbox"/> Not Equal Size <input type="checkbox"/> Constricted <input type="checkbox"/> Dilated <input checked="" type="checkbox"/> Normal
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input checked="" type="checkbox"/> Sleeping <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other: _____
SPEECH	<input checked="" type="checkbox"/> Incoherent <input checked="" type="checkbox"/> Mumbling <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Thick Tongued <input type="checkbox"/> Stuttering <input type="checkbox"/> Accent <input type="checkbox"/> Apparently Normal

MEDICAL QUESTIONS

Do you have any physical defects? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain. <u>REFUSED</u>
Are you sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain. <u>REFUSED</u>
When did you last sleep? <u>REFUSED</u>	How much sleep did you have? _____
Have you ever had a head injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you lose consciousness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under the care of a Doctor or Dentist? _____	If so, who? _____ When? _____
What for? <u>REFUSED</u>	Are you taking tranquilizers, pills or medicines of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what kind? <u>REFUSED</u>	Last dose? <input type="checkbox"/> AM <input type="checkbox"/> PM Do you have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you wearing an artificial limb? <u>REFUSED</u>	If yes, last dose? _____
Do you have any foreign objects in your mouth? <u>REFUSED</u>	Do you have any medical alert ID? _____

Subject advised of Miranda Rights Date: 4/27/17 Time: 4:00 AM PM Invoked Yes No

INTERVIEW QUESTIONS (Quote Answers)

When did you last eat? <u>REFUSED</u>	What did you eat? <u>REFUSED</u>	Where? _____
Have you been drinking? _____	What? <u>REFUSED</u>	How much? _____
Where? _____	With whom? <u>REFUSED</u>	Time started? _____ Time stopped? _____
Have you used any type of illegal drugs recently? <u>REFUSED</u>	If so, what kind of drug? _____	
Last dose? <input type="checkbox"/> AM <input type="checkbox"/> PM	Do you feel the effects of the alcohol or drugs? _____	
Do you feel impaired? <u>REFUSED</u>		
Were you operating a vehicle at the time of the stop/crash? _____	Was anyone in the vehicle with you? _____	
What street or highway were you on? <u>REFUSED</u>	Direction of travel? _____	
Where did you start from? <u>REFUSED</u>	What time did you start? _____	
Were you involved in a crash today? <u>REFUSED</u>	Have you had any alcoholic beverages or drugs since the crash? _____	
If so, what? <u>REFUSED</u>		
Where? <u>REFUSED</u>	How Much? _____	When? _____
Is it day or night? <u>REFUSED</u>	What time is it now? _____	
What is the date? _____	Day of week? _____	What city (county) are we in? _____

Interviewer's Name: _____ Actual Date/Day/Time: _____ AM PM
 Date _____ Day of Week _____ Time _____

RONALD WEBER TROOPER 3011 FHPL17OFF032488 Page _____ of _____
 Trooper ID Number Case Number
 HSMV 61160 (Rev.03/14)

BREATH / URINE / BLOOD TEST DATA

Voluntary Consent **OR** Implied Consent Warning Given: Date: 4/27/17 Time: 3:59 AM PM
 Involuntary Consent – Warrant Obtained Yes No If no, why?

Specimen: Breath Urine Blood None
 Refused Unable If refused, why? _____

Analysis result: _____ Breath Test Operator: J BIGGS 7607
If breath, Intoxilyzer 8000 serial #: _____ Department: PBSO

Did the subject request an independent blood test, as outlined in FSS 316.1932? Yes No

If yes, what arrangements were made for the subject to obtain the independent test?

Conclusion: Is the subject's ability to safely operate a vehicle impaired? Yes, is impaired. No, is not impaired.

I swear and affirm that the information and / or statements contained in this report are true and accurate to the best of my knowledge.

TROOPER RONALD WEBER

Trooper's Actual Signature

Trooper's Printed Name

In and for the State of Florida, County of **PALM BEACH** sworn to and subscribed before me this 27TH day of **APRIL**, 2017.

Actual Signature of Person Authorized to Administer Catfish

□ LLC □ CO □ Notary Public COMMISSION NUMBER 871234567890 COMMISSION EXPIRES: 12/31/2024

LEO CO Notary Public Commission No. 123456789 Date 12/31/2023 My Commission Expires: 12/31/2024

LEO CO Notary Public Commission No. 123456789 Date 12/31/2023 My Commission Expires: 12/31/2024

RONALD WEBER **TROOPER 3011** **FHPL17OFF032488** Page _____ of _____
Trooper ID Number Case Number
HSMV 61160 (Rev.03/14)

RONALD WEBER

TROOPER 3011

FHPL17OFF032488

Page of

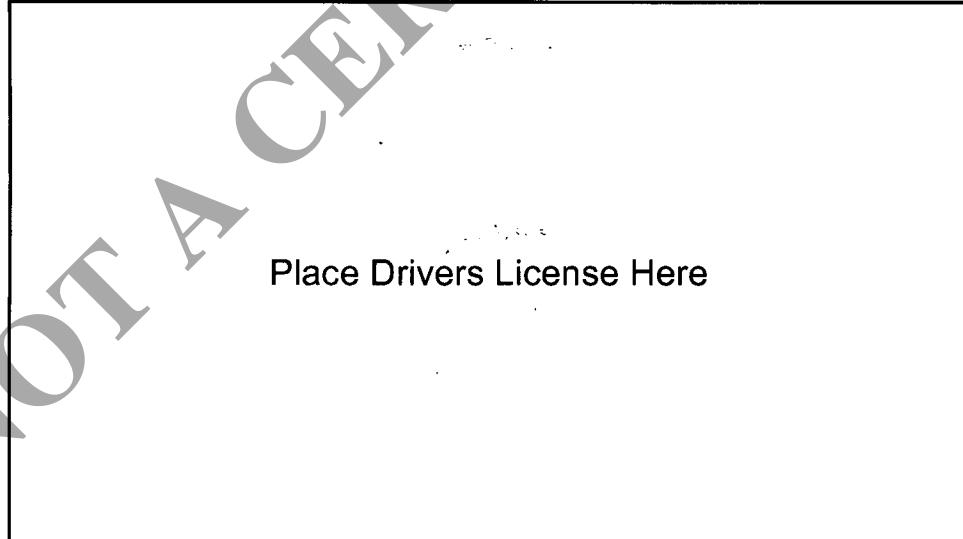
Trooper

HSMV 61160 (Rev.03/14)

ID Number **Case Number**

e'Y

Place Drivers License Here



STANDARDIZED FIELD SOBRIETY EXERCISES INSTRUCTION SHEET

Horizontal Gaze Nystagmus Instructions

1. I am going to check your eyes. (Please remove your glasses.)
2. Stand with your feet together and your hands down at your side. (Subject may also be seated.)
3. Keep your head still and follow the stimulus (i.e., tip of the pen) with your eyes only.
4. Do not move your head.
5. Do you understand the instructions?

Walk and Turn Instructions

1. Put your left foot on the line and put your right foot in front of it with your right heel touching your left toe. Keep your hands at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to begin, take nine heel-to-toe steps on the line, turn around keeping one foot on the line, and return nine heel-to-toe steps. (*Demonstrate heel-to-toe; three steps is sufficient.*)
5. On the ninth step, keep the front foot on the line and turn by taking several small steps with the other foot. (*Demonstrate turn*)
6. While walking, watch your feet at all times, keep arms at your side, and count steps out loud. Once you begin, do not stop until the exercise is completed.
7. Do you understand the instructions?
8. You may begin the exercise.

One-Leg Stand Instructions

1. Stand with your heels together and your arms at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to, I want you to raise one leg, either leg, approximately six inches off the ground, foot pointed out forward. Keep both legs straight, and keep your eyes on the elevated foot.
5. While holding that position, count out loud; one thousand and one, one thousand and two, one thousand and three, and so forth until you are told to stop. (*Demonstrate raised leg and count*)
6. Do you understand the instructions?
7. You may begin the exercise.

Vertical Gaze Nystagmus Instructions (if checked)

1. I am going to check your eyes. (Please remove your glasses.)
2. Stand with your feet together and your hands down at your sides. (Subject may also be seated.)
3. Keep your head still and follow the stimulus (i.e., tip of the pen) with your eyes only.
4. Do not move your head.
5. Do you understand the instructions?

Finger-to-Nose Instructions (optional exercise)

1. Stand with your feet together, your arms at your side, and your index fingers pointed down. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to start, close both eyes and tilt your head back.
5. When I tell you to do so, bring the hand I direct, upward, touching the tip of the finger to the tip of your nose.
6. After touching your nose, immediately bring hand down at your side.
7. Do you understand all instructions so far?

NOTE: Test will be conducted in the following sequence: **left, right, left, right, right, left**

Rhomberg Balance Instructions (optional exercise)

1. Stand with your feet together and your arms at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. When I tell you to begin, close your eyes, tilt your head back, and keep your arms at your side.
4. Do you understand the instructions?
5. You may begin the exercise and continue until you are told to stop.

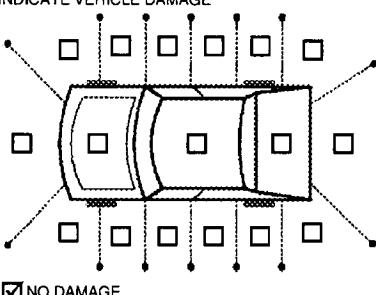
FLORIDA HIGHWAY PATROL

Vehicle Tow

RECIPIENT COPY

Page 1 of 1

CASE NUMBER
FHPL17OFF032488

DATE / TIME 4/27/2017 2:17:36 AM	COUNTY MARTIN	CITY	OTHER NUMBER	CITATION / REPORT					
NO HOLD - MAY BE RELEASED									
OWNER	FIRST NAME JAMIE	MIDDLE NAME A	LAST NAME DOERR	SUFFIX NAME TELEPHONE					
	ADDRESS 116 S RIVERSIDE DR #105	CITY POMPANO BCH	STATE ZIP CODE FL 33062	OWNER NOTIFICATION ATTEMPTS: <input type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL					
DRIVER	NAME FIRST	NAME MIDDLE	LAST NAME	SUFFIX NAME TELEPHONE					
	ADDRESS		CITY	STATE ZIP CODE					
VEHICLE / TRAILERS	YEAR 2012	MAKE HYUN	MODEL SONATA	VEHICLE STYLE 4D	VEHICLE COLOR LBL	TAG STATE / NUMBER FL DAVH96	VIN 5NPEC4AB6CH440140	ODOMETER	
	CIC ENTRY NOT APPLICABLE		RED TAG DATE / TIME		ID NUMBER	NAME			
TOW	POWER UNIT	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE	
	TRAILER 1	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE	
	TRAILER 2	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE	
STORAGE	TOW SELECTION TYPE ROTATION WRECKER		LOCATION VEHICLE INVENTORIED / TOWED FROM I-95 (SR-9) NB @ 110 MM			DAY TELEPHONE (772)283-8997	NIGHT TELEPHONE		
	TOWING SERVICE KAUFF'S					CITY / STATE / ZIP			
	ADDRESS 2201 S.E. INDIAN ST STUART, FL 34990								
VEHICLE INVENTORY & DAMAGE	<input checked="" type="checkbox"/> CELLULAR PHONE (MAKE/MODEL) SAMSUNG		<input type="checkbox"/> WHEEL COVERS QTY		INDICATE VEHICLE DAMAGE				
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)		<input type="checkbox"/> CUSTOM RIMS QTY						
	<input checked="" type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC).		NUMBER OF TIRES (INCLUDE SPARE) 4		<input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OVERTURN <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> FIRE <input type="checkbox"/> TRAILER				
<input type="checkbox"/> CB RADIO / 2 WAY RADIO		<input type="checkbox"/> TRUNK ACCESSIBLE							
<input type="checkbox"/> TRAILER HITCH		<input type="checkbox"/> REAR SPOILER							
PROPERTY IN VEHICLE 3 PHONE CHARGERS, \$5 BILL, 3 GLASSES, GRAY BAG W/ MISC MEDS/MAKEUP/PAPERS, MISC CD'S, FRONTMAN AMP, MISC CLOTHING, GRN BAG W/ MISC BOOK, MISC PERSONAL PROPERTY/PAPERS									
OFFICER COMMENTS									
NO HOLD - MAY BE RELEASED									
WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.									
SIGNATURE OF TOW TRUCK DRIVER			DATE		SIGNATURE OF OFFICER			ORG / UNIT	
PRINTED NAME OF TOW TRUCK DRIVER					RANK AND NAME OF OFFICER TROOPER J.J. BULLOCK			I.D. NUMBER 2050	

WITNESS LIST

Name CPL DAVID YUN On Scene Yes No Statement Yes No

Home Address _____

Place of Employment MARTIN COUNTY SHERIFF OFFICE
Employment Address 800 SE Monterey Road, Stuart, Florida 34994

Phone Numbers: Primary (772) 220-7170 Secondary _____

Can Testify To: ACTUAL PHYSICAL CONTROL OF VEHICLE AT TIME OF STOP, SUSPECT ACTIONS, SMELL OF ALCOHOLIC BEVERAGE DRIVING PATTERN

Name MARK TORRIJOS On Scene Yes No Statement Yes No

Home Address 2841 SE PACE DR. PORT ST LUCIE, FL 34984

Place of Employment ROAD RANGER
Employment Address _____

Phone Numbers: Primary (772) 919-2716 Secondary _____

Can Testify To: ORIGINALLY STOPPED TO HELP SUSPECT, SMELL OF ALCOHOLIC BEVERAGE, ALCOHOLIC BEVERAGE IN VEHICLE, SLURRED SPEECH, ILLEGAL TURN. DRIVER PASSED OUT BEHIND WHEEL

Name JAMES ANDERSON On Scene Yes No Statement Yes No

Home Address 4645 SW OSBORNE ST PORT ST LUCIE, FL 34953

Place of Employment ROAD RANGER
Employment Address _____

Phone Numbers: Primary (305) 725-6071 Secondary _____

Can Testify To: ORIGINALLY STOPPED TO HELP SUSPECT, DRIVER PASSED OUT BEHIND WHEEL

Name DEPUTY EDWARD STAGMILLER On Scene Yes No Statement Yes No

Home Address _____

Place of Employment TACTICAL FLIGHT OFFICER MARTIN COUNTY SHERIFF OFFICE
Employment Address 800 SE Monterey Road, Stuart, Florida 34994

Phone Numbers: Primary (772) 220-7170 Secondary _____

Can Testify To: IN FLIGHT OFFICER FOLLOWING VEHICLE AT HIGH RATE OF SPEED, DRIVING PATTERN, IN FLIGHT VIDEO

Case Number: FHPL17OFF032488 THI Case Number: _____ Page _____

NARRATIVE CONTINUATION
 SUPPLEMENT
 WITNESS STATEMENT

MARTIN COUNTY SHERIFF'S OFFICE

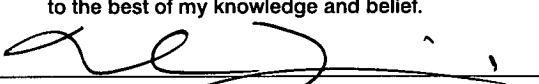
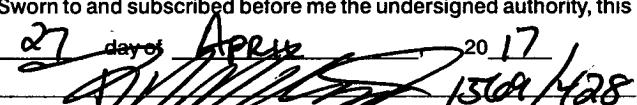
800 S.E. MONTEREY ROAD, STUART, FL 34994

(772) 220-7000

Date	Case Reference	Agency Case Number
4-27-17		

ON 4/27/17 AT 1¹⁵ AM MY SUPERVISOR, JAMES ANDERSON, WARNED ME OF A DRIVER TRAVELING SOUTH BOUND IN THE NORTH BOUND LANES AROUND MILE MARKER 89 ON I95. I ARRIVED AROUND 5MIN LATER AND SAW A BLUE HUDDAI SONATA PARKED ON THE LEFT SIDE OF GUARDRAIL ON LEFT SIDE OF 95SB. DRIVER WAS SLUMPED OVER CENTER CONSOLE WHILE SEATED IN DRIVER SEAT. I TALKED ON HER WINDOW AND SHE SAT UP AND LOOKED TOWARDS ME BUT DID NOT MAKE EYE CONTACT. I ASKED IF SHE WAS OK, SHE SAID "I'M GOOD". I TOLD HER SHE WAS TRAVELING IN THE WRONG DIRECTION AND DRIVING IN THE MEDIAN. SHE SAID "I KNOW, IT'S ALL GOOD". SHE ASKED WHO I WAS AND I TOLD HER I'M A ROAD RANGER. FHP HAD BEEN NOTIFIED SO I WAS STALLING HER WITH CONVERSATION. THERE WAS A BLUE BEER BOTTLE IN HER CENTER CUP HOLDER. HER SPEECH WAS SLURRED AND JUMBBLED. WHEN FHP ARRIVED SHE TOOK OFF JUMPING THE MEDIAN AND GOING NORTH

THIS SECTION FOR WITNESS USE ONLY

W I T N E S S	CODE VW	Name (print) MARK TORRIJOS							Residence Phone	W I T N E S S
	W	Address (Street, Apt. Number) 2841 SE PACE DR, PSL 34984								
Race	Sex	Date of Birth (if Age)	Height	Weight	Hair	Eyes	S.S.N.	Work Phone		
		7/25/69						772-919-2716		
I swear the above statement is true and correct to the best of my knowledge and belief. 								Sworn to and subscribed before me the undersigned authority, this  27 day of April 2017 1569428 SIGNATURE (LEO / ASA / NOTARY)		
Witness Signature										

Officer Reporting	ID Number	OSN	Divison	Date
Officer Reviewing				Page 1 OF 8 Pages

NARRATIVE CONTINUATION'
 SUPPLEMENT
 WITNESS STATEMENT

MARTIN COUNTY SHERIFF'S OFFICE

800 S.E. MONTEREY ROAD, STUART, FL 34994

(772) 220-7000

Date 4-27-17	Case Reference	Agency Case Number
<p>WE CALLED OUR DISPATCHER AND TOLD THEM SHE WAS FLEETING. WE ARRIVED AT THE MILE MARKER 110 NB AND MARTIN COUNTY SO HAD HER STOPPED. WE SET UP MOT AND ID'd HER AS THE DRIVER.</p>		

THIS SECTION FOR WITNESS USE ONLY								
W I T N E S S	CODE WW	Name (print)						Residence Phone
	W	MARK TORRIJO S						
	Address (Street, Apt. Number) 2841 SE PACE DR							
	Race	Sex	Date of Birth of Age	Height	Weight	Hair	Eyes	S.S.N.
I swear the above statement is true and correct to the best of my knowledge and belief. <i>[Signature]</i>					Sworn to and subscribed before me the undersigned authority, this 27 day of APRIL, 2017 <i>[Signature]</i> 1509/428 SIGNATURE (LEO / ASA / NOTARY)			
Officer Reporting					ID Number	OSN	Divison	Date
Officer Reviewing					Page 2 OF 2	Pages		

NARRATIVE CONTINUATION
 SUPPLEMENT
 WITNESS STATEMENT

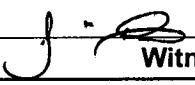
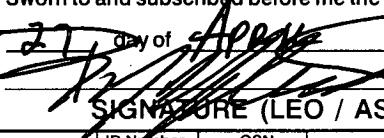
MARTIN COUNTY SHERIFF'S OFFICE

800 S.E. MONTEREY ROAD, STUART, FL 34994

(772) 220-7000

Date	Case Reference	Agency Case Number
4-27-17		

On the 27th of April around 12:49 I was traveling ^{East} North bound at mile marker 87 in when I notice a blue car driving South bound on the North bound side in the grass I made a U-turn at mile marker 89 headed ~~to~~ South bound I notice brake lights I stopped ~~got~~ out ~~driver~~ was passed out behind the wheel ~~to~~ on the window she woke up asked her if she knew where she was headed she told me just driving as a Road Ranger I contact FHP while waiting on FHP she asked can ~~she~~ she turn her car around I told her no she ask why not I advised her she is facing the wrong way she then waited for a few mins started the car and drove off at a high speed ~~to~~ north bound I got in my truck began heading North bound notice police lights at ~~to~~ mile marker 110 stopped and advised that the car that was driving the wrong way.

THIS SECTION FOR WITNESS USE ONLY									
W I T N E S S	CODE V/W	Name (print) James Anderson							Residence Phone 305-725-6071
		Address (Street, Apt. Number) 4645 SW Osborne St Port St Lucie FL 34953							Work Phone
	Race	Sex	Date of Birth of Age	Height	Weight	Hair	Eyes	S.S.N.	
	3	m	10-31-87						
<p>I swear the above statement is true and correct to the best of my knowledge and belief.</p> <p> Witness Signature</p>									
<p>Sworn to and subscribed before me the undersigned authority, this 27 day of April, 2017  15691428 SIGNATURE (LEO / ASA / NOTARY)</p>									
Officer Reporting					ID Number	OSN	Division	Date	
Officer Reviewing					Page	OF	Pages		

TESTING FACILITY TASK REPORT

AGENCY: FHP-WEBER

SUBJECT: DOERR, JAMIE A

CASE NUMBER: 17-069719

DATE: Apr 27, 2017

VIDEO DVD NUMBER: 62528

BEGINNING TIME: 0356

ENDING TIME: 0400

BREATH TESTS RESULTS: 1) REF TIME 0359 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH

ATTITUDE: COOPERATIVE, CONFUSED AT TIMES

CLOTHING: GRAY SHIRT, BLACK PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0335
SUBJECT REFUSED THE TEST INITIALLY
SUBJECT WAS READ IMPLIED CONSENT AND ADVISED SHE UNDERSTOOD
SUBJECT REFUSED THE TEST ONCE AGAIN
MIRANDA WAS READ
SUBJECT ANSWERED THE FIRST QUESTION THEN REFUSED

NOTE, SUBJECT ASKED WHICH YELLOW "X" SHE SHOULD STAND ON, THERE IS ONLY 1 IN THE ROOM

SUSPECT'S SIGNATURE: (X) _____

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.

I AM REQUIRED TO WARN YOU HAVE THE FOLLOWING RIGHTS:

CONSTITUTIONAL WARNINGS

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 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 will be evidence in any criminal proceeding.

I am _____ of the _____

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

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

-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 BREATH for the purpose of determining its alcohol content.

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

IMPLICED CONSENT FOR DUI IN A MOTOR VEHICLE

SUBJECT: _____ CASE NUMBER: _____

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



NOT A CERTIFICATE



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

PBSO CASE # 17-069719 PBSO ZONE 3-11

AGENCY CASE # FHPC170FF032488 CRASH CASE #

TIME OF STOP/CRASH 1:33 Am DATE 4/27/17 DAY Thursday

SUBJECT'S NAME Jaime Alexandra Doerr RACE W SEX F

HGT 5'11 WGT 180 DOB 3 / 6 / 1985

LOCATION Original offense: NB I-95 (SR-9) N of Indiantown Rd (Vehicle Fkd)
Arrest location: NB I-95 (SR-9) mm 110

ARRESTING OFFICER'S NAME & ID Troyer Ronald Weber 3011 AGENCY FHP

DIVISION:

NOTIFIED BY COMMO

ARRIVAL AT FACILITY 0335

ARREST TIME 2:13 am

BREATH RESULTS:

1. REFUSED
2.
3.
4.

TESTING OFFICER'S ID 7607 PBSO VIDEOTAPE # 62528