

0510382

3774

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N T A's only) 06-19-107100	
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No NONE	
Location of Arrest (Including Name of Business) N HAVERHILL RD & ROEBUCK RD WPB, FL		Location of Offense (Business Name, Address) N HAVERHILL RD & ROEBUCK RD WPB, FL		Multiple Clearance Indicator 01			
Date of Arrest 08/22/2019	Time of Arrest 19:05	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle ALL TIME TOWING	
Name (Last, First, Middle) Morgan, Krista, Elizabeth		Race W F		Date of Birth 05/18/1995	Height 5'2"	Weight 106	Eye Color BRW
Sex F		Date of Birth 05/18/1995		Height 5'2"	Weight 106	Hair Color BRW	Complexion FAIR
Build SMALL		Mental Status Single		Religion NONE		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT ARM: "GRIM REAPER" RIGHT TRICEP: "ARROWHEAD"		Local Address (Street, Apt. Number) 4175 N HAVERHILL RD #922		(City) West Palm Beach, FL	(Zip) 33409	Phone (727) 710-2023	Residence Type 1 City 2 County 3 Florida 4 Out of State 2
Permanent Address (Street, Apt. Number)		Business Address (Name, Street)		Occupation SALES MGR		Address Source FLORIDA DRIVER LICENSE	
D/L Number, State M625-505-95-678-0, FL		Soc Sec Number		INS Number		Place of Birth (City, State) PLANTATION, FL	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile		
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ()
Notified by (Name)		Date	Time	Juvenile Disposition 1 Handled/processed within Dept and Released 2 TOT HRS / DYS 3 Incarcerated		Business Phone ()	
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		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Z Other	Drug Type N N/A A Amphetamine
B Barbiturate C Cocaine E Heroin		H Hallucinogen M Marijuana O Opium/Derv		P Paraphernalia/ Equipment S Synthetics		U Unknown Z Other	
Charge Description DUI WITH PROPERTY DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)1		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit \$3000.00	Offense # 19-107100	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406							
Court Date and Time Month SEPTEMBER Day 19th Year 2019 Time 08:30 AM <input checked="" type="checkbox"/> PM							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. <i>Krista Morgan</i> Signature of Defendant (or Juvenile and Parent/Custodian) 08/22/2019 Date Signed							
HOLD for other Agency Name		Signature of Arresting Officer <i>Inv. J. Schaefer #8777</i>		Name Verification (Printed by Arrestee) SLM			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) INV. J. SCHAEFER		ID # 8777		PAGE	
Int. Agency # Opt Monter 6700		Transporting Officer INV. J. SCHAEFER		ID # 8777		Agency PBSO	
Witness here if subject signed with an "X"						1 OF 1	

FILED
AUG 23 2019
SHARON R. BOCK
Clerk & Computer

SCANNED

2019 OCT 15 602 AXK MB

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF AUGUST 20 19, AT 16:53 AM PM
SUBJECT: Morgan, Krista, Elizabeth CASE NUMBER: 19-107100

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 08/22/2019 at approximately 18:10hrs, I was dispatched to the scene of a motor vehicle crash without injuries near the intersection of North Haverhill Road and Roebuck Road which is located in unincorporated West Palm Beach, Palm Beach County, Florida. I arrived at the scene at approximately 18:42hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 16:50hrs, the defendant, did indeed rear end V2 which was slowing for traffic. (See PBSO crash case 19-107083) Witness Velouse Smith, identified the defendant, to me, as the driver and sole occupant, of the at the time of the crash. Smith completed a written sworn statement as to the events which transpired surrounding the crash. CSA Giselle Mosley # 9181 relayed to me that the defendant had articulable indicators of impairment, so she called for a DUI Unit to conduct a possible DUI investigation.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as "KRISTA ELIZABETH MORGAN", I immediately observed Morgan to have pin-point sized pupils, not appropriate for the current lighting conditions. Morgan had glassy, glazed, and blood shot eyes. Morgan's speech was slurred, slow, thick, and at times difficult to understand. Morgan's movements were slow, deliberate, and lethargic with poor coordination. Morgan had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to her. Morgan was wearing a print "baby-doll" dress and black sandals. All the clothing appeared somewhat neat.

DRIVER'S STATEMENTS:

Pre-Miranda: Morgan stated she had "only taken an allergy pill".

Morgan consented to breath and urine and made post Miranda admissions that she was driving after taking "Xanax" and was involved in an accident. Morgan participated in Q&A.

ODORS:

none.

GENERAL OBSERVATIONS

SPEECH: Morgan's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: indifferent, sleepy, polite, cooperative, emotional, pleading

CLOTHING: print "baby-doll" dress and black sandals

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER
(Signature of Arresting/Investigative Officer)

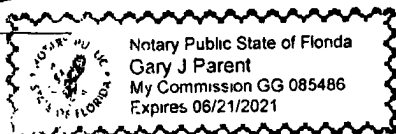
Inv. J. Schaefer #8777

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of AUGUST 20 19 by INV. J. SCHAEFER

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

Gary Parent (#7909)

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



PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	19-107100	ZONE:	3-21	SUSPECT:	KEISTA E MORGAN	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	08/22/19 @ 16:50
EVENT TYPE:	DUI w/ PROPERTY DAMAGE			DEPUTY:	INV. J SCHAEFER	ID#:	877

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Smith		FIRST NAME:	Velouse		MIDDLE INITIAL:	RACE:	SEX:
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:			
	09/19/1980	5'5"	238	Black	Hazel			
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS			CITY:	STATE:	ZIP:		
	615 Perdido Heights Drive			West Palm Beach	FL	33403		
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED			CITY:	STATE:	ZIP:		
	Florida Power & Light / NextEra			Riviera Beach	FL	33407		
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE	
(561) 697-6931		(561) 929-9256		()		velouse.smith@gmail.com		

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	Velouse Smith		DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was headed south on Haverhill, and I had just got into the right turning lane and I was slowing for traffic when I was rear ended. I pulled into the gas station and the car followed me. A young white lady with brown hair and several tattoos got out of the car and asked if I was okay. As we spoke she was slurring and when she stood she was wavering and when she got in her car to get insurance information she was falling asleep. She also kept asking me what happened. Young lady got out of driver seat, she was the only person in the vehicle.</p>			
			PAGE ____ OF ____

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <i>X Velouse Smith</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 8/22/19 TIME: 19:10 SIGNATURE: <i>J Schaefer</i> ID: 877

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM 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:

Morgan would sway roughly in a side to side front to back pattern throughout the task. Morgan did touch the tip of the pen as directed to positively identify the point to be tracked. Morgan was reminded numerous times to track the pen with her eyes only. Morgan failed to keep her head still while tracking the stimulus. Morgan had VGN and LOC was not observed.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Morgan who stated she understood. During the task, I observed Morgan to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Morgan could not maintain her balance while listening to instructions. Morgan stepped out of the instructional stance during the demonstration to catch her balance. Morgan started the task before being instructed to do so. Morgan would stop walking to steady herself with pauses to regain balance. Morgan missed heel-to-toe steps and stepped off the line. Morgan used her arms for balance by raising them more than six inches. Morgan performed an improper turn by turning other than which was demonstrated. Additionally, Morgan performed the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Morgan who stated that she understood. During the task, I observed Morgan to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Morgan continued to sway while balancing on one leg. Morgan used her arms to balance raising them more than 6 inches from her sides. Morgan put her foot down three times all before counting to 30 seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Morgan who stated that she understood. During the task, I observed Morgan to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Morgan did not keep her eyes closed and had to be reminded numerous times. Morgan failed to return her arms down to her sides as instructed after touching her nose. Morgan's index finger did not touch the tip of the nose on 6 of 6 attempts. Morgan searched for the tip of her nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Morgan who stated that she understood. During the task, I observed Morgan to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Morgan would sway more than 2 inches. Morgan correctly recited the alphabet.

BREATH TEST RESULTS: 1) .000 2) .000 3) Urine Pending 4)

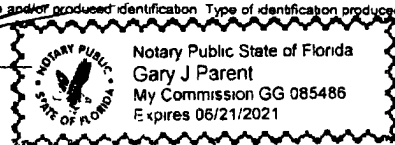
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of AUGUST 2019 by INV. J. SCHAEFER

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

Gary Parent (#7909)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 08/22/2019

Date of Last Agency Inspection: 08/16/2019
Observation Period Began: 19:34
Subject's Name: KRISTA E MORGAN

DOB: 05/18/1995 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	19:59
	Air Blank	0.000	19:59
	Control Test	0.081	20:00
	Air Blank	0.030	20:00
	Subject Sample #1	0.000	20:01
	Air Blank	0.000	20:01
	Air Blank	0.000	20:03
	Subject Sample #2	0.000	20:04
	Air Blank	0.000	20:04
	Control Test	0.081	20:05
	Air Blank	0.000	20:05
	Diagnostics Check	OK	20:05

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

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (L) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I GARY J PARENT, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 08/22/19
Signature

Sworn to (or affirmed) before me this 22 day of August, 2019

Inv. J. Schaefer #8777 Signature of Notary Public-State of Florida
INV. J. SCHAEFER Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.265, F.S.

WITNESS LIST

CASE NUMBER: 19-107100

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: CSA GISELLE MOSLEY #9181 (DISTRICT 3)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SIGNS OF IMPAIRMENT

NAME: VELOUSE SMITH (email: velouse.smith@gmail.com)

ADDRESS 615 PERIDO HEIGHTS DRIVE WPB, FL 33413

PHONE NUMBERS (HOME) 561-929-9256 (WORK) 561-697-6931

CAN TESTIFY TO: wheel witness and sign of impairment

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

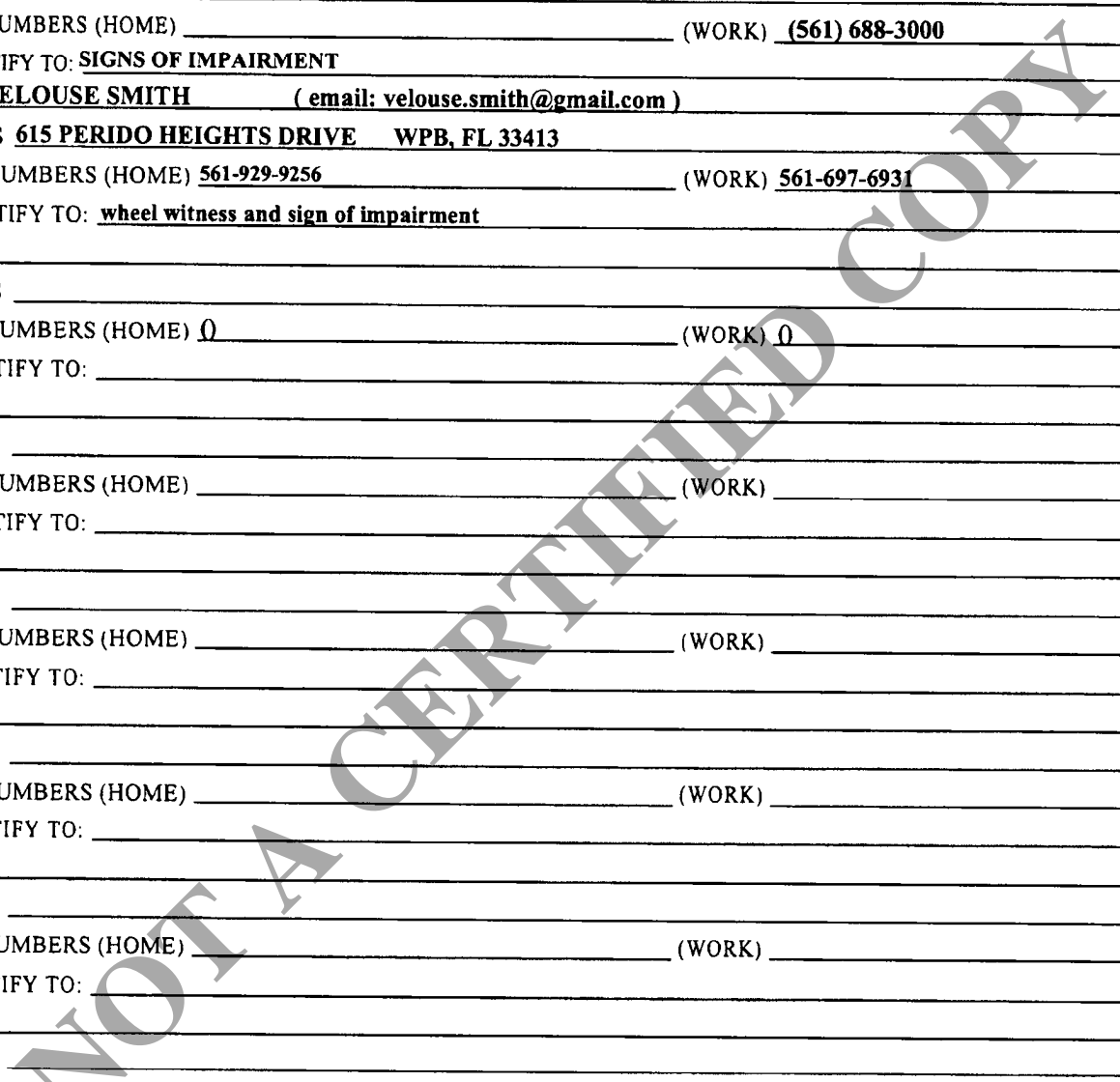
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



SUBJECT: ALAN ... CASE NUMBER: 19-107100

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) Alan ...

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) Alan ...

SUBJECT: MURKIN KAZOO E. CASE NUMBER: 19-10710

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? HAVERHILL

DIRECTION OF TRAVEL? N WHERE DID YOU START? GAS STATION

WHAT TIME DID YOU START? IDK WHAT TIME IS IT NOW? NO

WHAT IS TODAY'S DATE? 8/13 WHAT DAY OF THE WEEK IS IT? THURS

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC WPS

WHEN DID YOU LAST EAT? IN MORNING WHAT DID YOU EAT? TOURKEY SANDWICH

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

HOW MUCH DO YOU WEIGH? 106 HAVE YOU BEEN DRINKING? NO 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? SALES WHEN DID YOU LAST WORK? TODAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? YES

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? YES, XANEX WHEN? EARLIER

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____
NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? _____

INTERVIEWER: Inv. Fischer #8777



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: 2019027541	Date: 8/23/2019
	Specialist Name/ID: LaToya Rose/ #6673