0506586 19CT 5864 P-3407

# ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

## ADMINISTRATIVE

| Agency ORI Number | Agency Name | Agency Report Number (N.T.A.'s only) |
|---|---|---|
| FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | 06- 19053426 |

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 1

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| Belvedere Rd and Jog Rd, West Palm Beach, FL 33413 | Belvedere Rd and Jog Rd, West Palm Beach, FL 33413 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 03/29/2019 | 0655 | | | | | Belvedere Rd and Jog Rd, West Palm Beach, FL 33413 |

## DEFENDANT

Name (Last, First, Middle): Self, Lauren, M — Alias (Name, DOB, Soc. Sec. #, Etc.)

| Race (W - White I - American Indian B - Black 0- Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | F | 6/8/1993 | 5'05 | 130 | blue | blonde | light | thin |

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): tattoos - stomach, back, both arms

Marital Status: Single | Religion: AGNOSTIC | Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☐ N ☒ Unk.

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Residence Type (1 City 2. County 3. Florida 4. Out of State) |
|---|---|---|
| 265 Austin LN Apt 2, West Palm Beach, FL 33401 | (781) 913-9374 | 4 |

| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 135 W Neptune St, Boston, MA 01905 | ( ) | Verbal/ driver's license |

| Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation |
|---|---|---|
| | ( ) | Chef |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| S29201345, MA | [redacted] | | Salem, Ma | USA |

## CO-DEF

| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile |
|---|---|---|---|---|---|
| | | | | | |
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile |
| | | | | | |

## JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

| Notified by: (Name) | Date | Time | Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated |
|---|---|---|---|
| | | | |

| Released To: (Name) Relationship | Date | Time |
|---|---|---|
| | | |

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

## CODE

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/Deriv | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| Driving Under The Influence (DUI)(crash) | 1 | ☐Y ☒N | 316.193(3)(C)(1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant I Capias Number | Bond |
|---|---|---|---|---|---|
| U | U | N/A | 19053426 | | |

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time: Month Apr Day 29 Year 2019 Time 0830 AM X PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 03/29/2019

## ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer | Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other:

Name of Arresting Officer (Print): INV. Jacob Frey I.D. #: 9658 | (PRINT)

Intake Deputy I.D. # Pouch # | Transporting Officer: INV. Jacob Frey ID #: 9658 Agency: PBSO | Witness here if subject signed with an X

PAGE OF

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

PBSO #146 REV. 8/97

2019 MAR 30 PM 9:08 PALM BEACH COUNTY, FLORIDA COUNTY BRANCH FILED

NOT A CERTIFIED COPY

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF Mar 20 19, AT 0545 ✓ AM PM

SUBJECT: Self, Lauren, M CASE NUMBER: 19053426

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. Jacob Frey

## PERSONAL CONTACT

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

On 29Mar19 at approximately 0550hrs I arrived at the intersection of Belvedere Rd and Jog Rd, West Palm Beach, in unincorporated Palm Beach County in reference to a crash investigation.

Upon arrival I observed a black SUV with rear end damage in the intersection and a white sedan with front end damage. All drivers and passengers were still in the vehicles. The driver of the SUV was later identified as Dave Roy by his Florida driver's license. The driver of the sedan was identified as Lauren Self by her MA Driver's license and the passenger was later identified by her FL Driver's License as Karine Grajales.

I was approached by Michelle Downing at the scene. She told me she arrived on scene within seconds of the crash. She told me upon her arrival she made contact with Dave and checked on his welfare. She then went to the white sedan and checked on the welfare of its occupants. She told me the airbags were deployed. She told me Lauren was sitting in the driver's seat and was still wearing her seatbelt. She told me Lauren appeared to be intoxicated. She said Lauren was slow to respond and she had "heavy eyes". She told me Lauren was in her vehicle the entire time and did not attempt to exit the vehicle. Michelle completed a signed sworn statement.

I spoke to Dave. He told me he was driving westbound on Belvedere Rd stopped at the intersection with Jog Rd (red light). He stated the light changed to green and he began to move forward. He immediately was struck from behind. Immediately after the crash he observed a white sedan behind him. He did not see the driver but did identify Lauren's vehicle as the vehicle that struck him. He told me within seconds of the crash, he was approached by Michelle who checked on his wellbeing. Dave completed a signed sworn statement.

OBSERVATION OF DRIVER:

I approached the white sedan. Lauren and Karine were still sitting in the vehicle with their seatbelts still on. Lauren was in the driver's seat and the driver's door was closed. I had to pry the door open in order to gain access to Lauren. Lauren appeared daze and confused. As I opened the door I could smell the odor of an unknown alcoholic beverage coming from inside the vehicle. I asked if she was ok. Her movements were slow and she was slow to respond. Her eyes were watery and bloodshot. She had several small bleed abrasions on her arms. When she spoke her speech was heavily slurred and the odor of an unknown alcoholic beverage was coming from her breath. She told me to help her friend, Karine, stating she was "drunk". On her right wrist she had a yellow wrist band. Lauren exited her vehicle. She staggered and stumbled as she exited. She was unsteady on her feet and stumbled when she walked. Several times she would speak in a foreign language. When I asked what she said, she stated she was speaking English.

I had her walk to the front of my patrol vehicle. She staggered and stumbled as she walked. She had difficulty standing with her feet together and her body swayed.

DRIVER'S STATEMENTS:

Post-Miranda she stated she had 3 Vodka and Red Bulls.

ODORS:

Strong odor of an alcoholic beverage coming from her breath.

## GENERAL OBSERVATIONS

SPEECH: heavily slurred

ATTITUDE: cooperative, carefree, polite, quiet

CLOTHING: black t-shirt, black pants, black sandals

MEDICAL/OTHER: none stated

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STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of Mar 2019 by INV. Jacob Frey

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

Samantha Palmer (#24520)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SUBJECT: Self, Lauren, M CASE NUMBER 19053426

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**I checked her eyes for Horizontal Gaze Nystagmus (HGN). She had equal pupil size and equal tracking. Her body swayed. Her eyes were watery and bloodshot. In both eyes she had lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and the onset of nystagmus prior to 45 degrees. She narrated the movement of my stylus during the entire task. She had Vertical Gaze Nystagmus (VGN) but did not have Lack of Convergence. The task was completed on a dry and visually level surface.**

WALK & TURN:

**I instructed and demonstrated the walk and turn; she acknowledged she understood. She began to walk before instructed to do so. She had difficulty following the directions on how to stand in the instructional stance. She could not stand as instructed and had to step off the line nearly falling over. She walked 12 steps forward failing to maintain heel to toe (long stride) on almost every step. She turned incorrectly. She walked 12 steps back failing to maintain heel to toe (long stride) and stepped off the line. The task was completed wearing socks on a dry and visually level surface using a yellow tape line.**

ONE LEG STAND:

**I instructed and demonstrated the one leg stand; she acknowledged she understood. She lifted her left leg higher than 6 inches (approximately 18-24 inches) and placed it down several times. She hopped on her and nearly fell over several times. She raised her arms from her side for balance and her body swayed. She told me she was unable to keep her balance and she asked if she could hold on to me. The task was completed wearing socks on a dry and visually surface.**

FINGER TO NOSE:

**I instructed and demonstrated the finger to nose: she acknowledged she understood. Her body swayed. She used the pad of her finger to touch her lip, side, and underneath her nose. When she touched her nose she pushed it in. On the last command she started to use the wrong hand. The task was completed on a dry and visually level surface.**

ROMBERG ALPHABET:

**She told me her highest level of education was high school and she acknowledged she knew the English alphabet. Her body swayed. Her speech was slurred. She recited the alphabet incorrectly repeating and skipping several letters. The task was completed on a dry and visually level surface.**

**She acknowledged she could estimate 30 seconds. Her estimate of 30 seconds was approximately 40 seconds at which time she almost fell over. Her body swayed during the task. The task was completed on a dry and visually level surface.**

**BREATH TEST RESULTS: .200 .207**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of Mar 2019 by INV. Jacob Frey

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

Samantha Palmer (#24520)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

NOT A CERTIFIED COPY

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 #: | ZONE: | SUSPECT: | DATE & TIME OF ORIGINAL EVENT/OFFENSE: |
|---|---|---|---|
| | | | |

| EVENT TYPE: | DEPUTY: | ID#: |
|---|---|---|
| | | |

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

| LAST NAME: | FIRST NAME: | MIDDLE INITIAL: | RACE: | SEX: |
|---|---|---|---|---|
| Roy | Dave | K | W | M |

| DATE OF BIRTH: (MM/DD/YYYY) | YOUR HEIGHT: | YOUR WEIGHT: | YOUR HAIR COLOR: | YOUR EYE COLOR: |
|---|---|---|---|---|
| 11/13/69 | 5'9" | 180 | BALD | BRN |

| YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS | CITY: | STATE: | ZIP: |
|---|---|---|---|
| 1665 Palm Beach Lakes Blvd #101 | WPB | FL | 33401 |

| YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED | CITY: | STATE: | ZIP: |
|---|---|---|---|
| | | | |

| WORK PHONE: ☐ CHECK IF NONE | CELL PHONE: ☐ CHECK IF NONE | HOME PHONE: ☐ CHECK IF NONE | EMAIL: ☐ CHECK IF NONE |
|---|---|---|---|
| (561) 729-0095 | (561) 584-3514 | ( ) N/A | daveroy@mac.com |

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

| | YOUR NAME: | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |
|---|---|---|
| I | Dave Roy | |

I was driving westbound on Belvedere Rd. I stopped at a red light (lane closest to the turning lanes). When the light turned green I started to drive forward. I was then hit violently hard from behind. I did not hear braking or skidding of any kind. I looked behind me and only saw a white car. I was pulled into the intersection facing southeast. I did not see the driver until I got out of the car. I only saw the white color of car that hit me.

PAGE ____ OF 1

**READ AND SIGN**

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X _____

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: MARCH TIME: [illegible]

SIGNATURE: _____ ID: [illegible]

*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 INITIALLING 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

PBSO #0134 REV. 12/11

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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 #: | ZONE: | SUSPECT: | DATE & TIME OF ORIGINAL EVENT/OFFENSE: |
|---|---|---|---|
| | | | |

| EVENT TYPE: | DEPUTY: | ID#: |
|---|---|---|
| | | |

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

| LAST NAME: | FIRST NAME: | MIDDLE INITIAL: | RACE: | SEX: |
|---|---|---|---|---|
| | | | | |

| DATE OF BIRTH: (MM/DD/YYYY) | YOUR HEIGHT: | YOUR WEIGHT: | YOUR HAIR COLOR: | YOUR EYE COLOR: |
|---|---|---|---|---|
| | | | | |

| YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS | CITY: | STATE: | ZIP: |
|---|---|---|---|
| | | | |

| YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED | CITY: | STATE: | ZIP: |
|---|---|---|---|
| | | | |

| WORK PHONE: ☐ CHECK IF NONE | CELL PHONE: ☐ CHECK IF NONE | HOME PHONE: ☐ CHECK IF NONE | EMAIL: ☐ CHECK IF NONE |
|---|---|---|---|
| ( ) | ( ) | ( ) | |

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

| | YOUR NAME: | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |
|---|---|---|
| I | | |

PAGE ___ OF ___

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**READ AND SIGN**

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X _____

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: TIME:

SIGNATURE: _____ ID: _____

*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 INITIALLING 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

PBSO #0134 REV. 12/11

# 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: 80-006240 Software: 8100.27
Date of Test: 03/29/2019

Date of Last Agency Inspection: 03/15/2019
Observation Period Began: 07:22
Subject's Name: LAUREN M SELF DOB: 06/08/1993 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 | 07:48 |
| Air Blank | 0.000 | 07:48 |
| Control Test | 0.081 | 07:48 |
| Air Blank | 0.000 | 07:49 |
| Subject Sample #1 | 0.200 | 07:49 |
| Air Blank | 0.000 | 07:50 |
| Air Blank | 0.000 | 07:52 |
| Subject Sample #2 | 0.207 | 07:53 |
| Air Blank | 0.000 | 07:53 |
| Control Test | 0.081 | 07:54 |
| Air Blank | 0.000 | 07:54 |
| Diagnostics Check | OK | 07:54 |

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

State of Florida, County of Palm Beach.

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

I SAMANTHA G PALMER, 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: 3/29/19
Signature

Sworn to ~~(or affirmed)~~ before me this 29 day of MARCH, 2019

_____ INV. FREY #9658
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

*FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007*

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# TESTING FACILITY TASK REPORT

AGENCY: PBSO/FREY

SUBJECT: SELF, LAUREN

CASE NUMBER: 19-053426

DATE: Mar 29, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0745

ENDING TIME: 0803

BREATH TESTS RESULTS: 1) .200 TIME 0749 A.M. ☒ P.M. ☐ 2) .207 TIME 0753 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: SLURRED

ATTITUDE: CALM, QUIET, UPSET, POLITE

CLOTHING: BLACK SHIRT, BLACK PANTS, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

**OTHER:**

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH, UNSTEADY ON HER FEET, SUBJECT ADMITTED TO DRINKING THREE VODKA AND REDBULL DRINKS (Q&A)

---

**COMMENTS:**

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0722
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS
A/O READ RIGHTS @ SCENE AND AGAIN ON CAMERA
SUBJECT STATED SHE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 19053426

ARRESTING OFFICER: INV. Jacob Frey

ADDRESS: 3228 Gun Club Rd, WPB

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

CAN TESTIFY TO: physical control, personal contact, SFST

NAME: Roy, Dave, Kumar

ADDRESS: 1665 Palm Beach Lakes Blvd, West Palm Beach, FL 33401

PHONE NUMBERS (HOME) (561) 584-3514 (WORK) 0

CAN TESTIFY TO: Witness

NAME: Downing, Michelle, L

ADDRESS 6535 Parkview Dr Apt E, Boca Raton, FL 33433

PHONE NUMBERS (HOME) (561) 341-0941 (WORK) 0

CAN TESTIFY TO: physical control, personal contact

NAME:

ADDRESS

PHONE NUMBERS (HOME) _____ (WORK) 0

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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PHONE NUMBERS (HOME) _____ (WORK)

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PHONE NUMBERS (HOME) _____ (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) _____ (WORK)

CAN TESTIFY TO:

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SUBJECT: [illegible] CASE NUMBER: [illegible]

# 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? [illegible]

WHAT STREET OR HIGHWAY WERE YOU ON? [illegible]

DIRECTION OF TRAVEL? [illegible] WHERE DID YOU START? [illegible]

WHAT TIME DID YOU START? [illegible] WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? [illegible] WHAT DAY OF THE WEEK IS IT? [illegible]

WHAT COUNTY AND CITY ARE YOU IN NOW? [illegible]

WHEN DID YOU LAST EAT? [illegible] WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? [illegible] HAVE YOU BEEN DRINKING? [illegible] WHAT? [illegible]

HOW MUCH? [illegible] WHERE? [illegible] WITH WHOM? [illegible]

WHEN DID YOU HAVE YOUR FIRST DRINK? [illegible] AND YOUR LAST DRINK? [illegible]

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? [illegible]

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? [illegible] ARE YOU UNDER THE INFLUENCE? [illegible]

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? [illegible] HOW MUCH? [illegible]

WHAT? [illegible] WHERE? [illegible] WHEN? [illegible]

WHAT LINE OF WORK ARE YOU IN? [illegible] WHEN DID YOU LAST WORK? [illegible]

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? [illegible] WHAT? [illegible]

ARE YOU SICK OR INJURED? [illegible] WHAT'S WRONG? [illegible]

DO YOU LIMP? [illegible] DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? [illegible]

WERE YOU IN AN ACCIDENT TODAY? [illegible]

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? [illegible] WHEN? [illegible]

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? [illegible] WHO? [illegible] WHY? [illegible]

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? [illegible] WHAT? [illegible] WHEN? [illegible]

DO YOU HAVE:

| | |
|---|---|
| EPILEPSY? | [illegible] |
| GLASS EYE? | [illegible] |
| FALSE TEETH? | [illegible] |
| EAR INFECTION? | [illegible] |
| INNER EAR TROUBLE? | [illegible] |
| DIABETES? | [illegible] |

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? [illegible]

DO YOU TAKE INSULIN? [illegible] IF SO, WHEN WAS YOUR LAST INJECTION? [illegible]

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? [illegible] WHERE? [illegible]

INTERVIEWER: [illegible]

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

SUBJECT: _____ CASE NUMBER: _____

# IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X)_____

# CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X)_____

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PALM BEACH COUNTY
**SHERIFF'S OFFICE**

**Florida State Statute Exemption Sheet**

## Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|---|---|---|---|
| L/E Exemptions | ☐ | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | ☐ | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | ☐ | 119.071(4)(c) | Undercover personnel. | |
| | ☐ | 119.071(2)(f) | Confidential informants (CIs). | |
| | ☐ | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | ☐ | 985.04(1) | Juvenile offender records. | |
| | ☐ | 119.071(h)(i) | Assets of a crime victim. | |
| | ☐ | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | ☐ | 394.4615(7) | Mental health information. | |
| | ☐ | 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) | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | ☐ | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | ☐ | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| Other | ☐ | | Other: | |
| | ☐ | | Other: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2019010528 | **Date:** 03/30/2019 |
| | **Specialist Name/ID:** AM/31562 |