

0500220

NM 3583

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

OBTS Number \_\_\_\_\_

Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only) **06-18-102487**

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

Weapon Seized / Type  1. Yes  2. No Multiple Clearance Indicator **1**

Location of Arrest (Including Name of Business) **LANTANA RD (E) OF LYONS RD LAKE WORTH FL** Location of Offense (Business Name, Address) **LANTANA RD (E) OF LYONS RD LAKE WORTH FL**

Date of Arrest **07/15/2018** Time of Arrest **0258** Booking Date \_\_\_\_\_ Booking Time \_\_\_\_\_ Jail Date \_\_\_\_\_ Jail Time \_\_\_\_\_ Location of Vehicle **BIG CITY TOYING**

Name (Last, First, Middle) **REMMERDEN LINDSEY LEE** Alias (Name, DOB, Soc. Sec. #, Etc.) \_\_\_\_\_

Race **W - White I - American Indian B - Black O - Oriental/Asian** Sex **W F** Date of Birth **03/26/1981** Height **503** Weight **124** Eye Color **HAZ** Hair Color **BLON** Complexion **FAIR** Build **SML**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **TAT LEFT CHEST** Marital Status **Divorced** Religion **CHRISTIAN** Indication of: Alcohol Influence  Y  N  Unk. Drug Influence  Y  N  Unk.

Local Address (Street, Apt. Number) **1170 MYSTIC WAY** (City) **WELLINGTON** (State) **FL** (Zip) **33414** Phone **(561) 317 9798** Residence Type: 1. City  2. County  3. Florida  4. Out of State  1

Permanent Address (Street, Apt. Number) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Phone \_\_\_\_\_ Address Source **DEFENDANT**

Business Address (Name, Street) **BOWEN REALTY** (City) **WELLINGTON** (State) **FL** (Zip) **33414** Phone **(561) 440 0186** Occupation **REALTOR**

DL Number, State **(FL)R-563-532-81-606-0** Sec. Sec. Number \_\_\_\_\_ INS Number \_\_\_\_\_ Place of Birth (City, State) **CLEVELAND OH** Citizenship **US**

Co-Defendant Name (Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  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

Parent  Legal Custodian  Other: \_\_\_\_\_ 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) \_\_\_\_\_

Property Crime?  Yes  No Description of Property \_\_\_\_\_ Value of Property \_\_\_\_\_

Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetics	Z. Other
P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Opium		

Charge Description **DUI** Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number **316.193(1)** Violation of ORD # \_\_\_\_\_

Drug Activity **/** Drug Type **/** Amount / Unit **N/A** Offense # **18-102487** Warrant / Capias Number \_\_\_\_\_ Bond **OR**

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

Drug Activity **/** Drug Type **/** Amount / Unit **/** Offense # \_\_\_\_\_ Warrant / Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

Drug Activity **/** Drug Type **/** Amount / Unit **/** Offense # \_\_\_\_\_ Warrant / Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

Drug Activity **/** Drug Type **/** Amount / Unit **/** Offense # \_\_\_\_\_ Warrant / Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Location (Street, Apt. Number, Address) **3228 GUN CLUB RD WPB FL 33406**

Court Date and Time **Month AUGUST Day 23 Year 2018 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 **07/15/2018**

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 E. K. WHITE** I.D. # **7209** (PRINT) **JUL 25 AM 10:00**

Witness here if subject signed with an "X" \_\_\_\_\_

SCANNED

SCANNED

JUL 31 2018

2018 JUL 30 AM 9:07

SHARON R. RALPH  
ALMITEA R. RALPH  
GUN CLUB RD  
PAGE 1

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06- 18-102487

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): REMMERDEN, LINDSEY, LEE Alias: Race: W Sex: F Date of Birth: 03/26/1981

Charge Description: DUI 316.193(1)

Victim's Name (Last, First, Middle): Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source Business Address (Name, Street) (City) (State) (zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody: [ ] committed the below acts in my presence. [ ] was observed by \_\_\_\_\_ who told that he/she saw the arrested person commit the below acts. [ ] confessed to \_\_\_\_\_ admitting to the below facts. [ ] was found to have committed the below acts, resulting from my (described) investigation.

On the 29 day of JULY 20 18 at 0242 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

She was later identified as Lindsey Lee Remmerden by her Florida driver license. I asked for her driver license, registration and proof of insurance. She handed me her license and a small booklet with her registration and insurance inside it. I explained that I stopped her for not properly keeping her vehicle in its lane. Moreover I told her I watched her vehicle strike the raised concrete curb twice on the median. She told me she was coming from a friend's house. During my interview I noticed her eyes were red, watery and glossy. Her cheeks were flushed and mouth was dry. I told the driver I had a suspicion that she had been drinking an unspecified amount of alcoholic beverages. She later told me she drank wine. I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She consented to performing the SFSTs. Prior to exiting the vehicle I asked if she had any physical problems with her body that would inhibit her from performing light physical movements. I also asked if she was on medication. The defendant conveyed she neither had anything wrong with her physically, nor was she taking medication. After placing a strip of yellow tape on the roadway which formed a line on a smooth and level surface, I asked her to exit the vehicle. I escorted her to the yellow line and asked if she recognized it. She did by placing her foot on it when prompted. There was no obstruction or debris on the roadway. The area was well lighted by the lights from my patrol car. I could now smell a strong odor of an unknown alcoholic beverage emanating from her breath. The following SFSTs were explained, demonstrated and acknowledged by the defendant prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form on this worksheet. At the conclusion of the SFSTs, coupled with my observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. She was later searched by Deputy Brandi Clayton and handcuffed. The handcuffs were double locked and checked for proper fit. Afterward she was placed into the rear of my patrol car. Deputy Yosvani Quesada also responded as back up and arranged for the defendant's vehicle to be towed on a rotation request. Meantime I began transport to the main jail breath analysis facility for further processing. Upon my arrival I escorted her into the facility and began a 20 minute observation period. During this time she ingested nothing into her body orally or otherwise. She also did not regurgitate. Afterward I escorted her into the testing room and asked her to give breath samples for the purpose of determining her alcohol content. She asked for the consequences for not providing the samples. I read her implied consent in its entirety and asked if she understood it. She told she did understand the consent and agreed to give the samples. The defendant gave two adequate breath samples that rendered results of .165 consecutively. I advised her of her Constitutional Rights in which she acknowledged afterward. She declined to be interviewed however.

STATE OF FLORIDA COUNTY OF PALM BEACH Signature of Arresting Investigative Officer: INV E. K. WHITE

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of JULY 20 18 by INV E. K. WHITE KNOWN

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



SCANNED

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF JULY 20 18 AT 0242 AM  PM

SUBJECT: REMMERDEN LINDSEY LEE CASE NUMBER: 18-102487

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

## PERSONAL CONTACT

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

On Sunday, July 29, 2018 at approximately 0239 hours, while patrolling westbound on Lantana Road (Rd), east of Lyons Rd, I observed a dark utility vehicle make a U-turn from the eastbound lanes and proceed westbound in the inside lane. After the vehicle made the U-turn I watched it drift toward the median and strike the raised concrete curb twice. I followed the vehicle and monitored its driving pattern. The vehicle weaved inside its lane and braked for a green light in the intersection of Lyons Rd. The vehicle changed lanes and made a right turn into the parking lot of the Super Target. I activated my emergency lights to conduct a traffic stop on the vehicle to do a welfare check on the driver. The vehicle stopped in front of the store. I approached the vehicle from the driver side and made contact with a white female who was the sole occupant inside it.

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I DRANK WINE

ODORS:

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

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: emotional and cooperative

CLOTHING: black shirt, black and white long skirt black sandals

MEDICAL/OTHER: none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

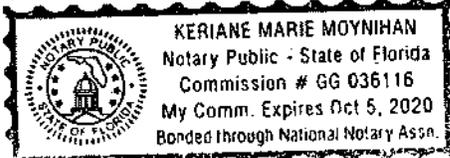
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of JULY 20 18 by INV E. K. WHITE

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

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



**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

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

**WALK & TURN:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while placed in the instructional position. During the task subject failed to touch heel to toe. She made an improper turn by not pivoting as instructed.

**ONE LEG STAND:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain her balance while her leg/foot was elevated. She leaned and raised her arms away from her side. She dropped her foot on the pavement more than 3 times. I ceased this task in regards of her safety.

**FINGER TO NOSE:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. She failed to touch the tip of her finger to the tip of her nose on all six attempts. Rather she touched the bridge of her nose.

**ROMBERG ALPHABET:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject failed to recite the 26 letter alphabet.

**BREATH TEST RESULTS:**     .165                     .165

STATE OF FLORIDA  
COUNTY OF PALM BEACH

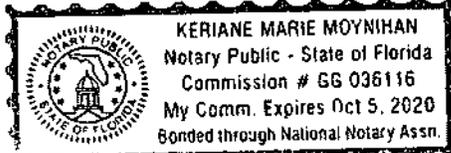
**INV E. K. WHITE**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of JULY 2018 by INV E. K. WHITE

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

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



SUBJECT: Rammerden, Lindsey L CASE NUMBER: 18-10487

## 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.

SCANNED  
JUL 31 2018

\_\_\_\_\_ of the \_\_\_\_\_

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

SUBJECT'S SIGNATURE: (X) Read on Camera

## CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Read on Camera

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Remmerden, Lindsay L CASE NUMBER: 18-109487

DATE: 07/29/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 04:02 ENDING TIME: 04:15

BREATH TESTS RESULTS: 1) .165 TIME 04:07 (A.M./P.M.) 2) .165 TIME 04:13 (A.M./P.M.)

3) N/A TIME - A.M./P.M. 4) N/A TIME - A.M./P.M.

BREATH OPERATOR: K. Moynihan #33079

MAINTENANCE TECHNICIAN: J. K. Wecke #161167

### TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Cooperative / Friendly

CLOTHING: Blue shirt, blue pants, white socks, black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes clear and behind

COMMENTS: Arrived at Testing Center. No dog or 30 minute observation period at 05:40 hr.

As stated "I understand and agree to take the test"

No other TIC was expressed.

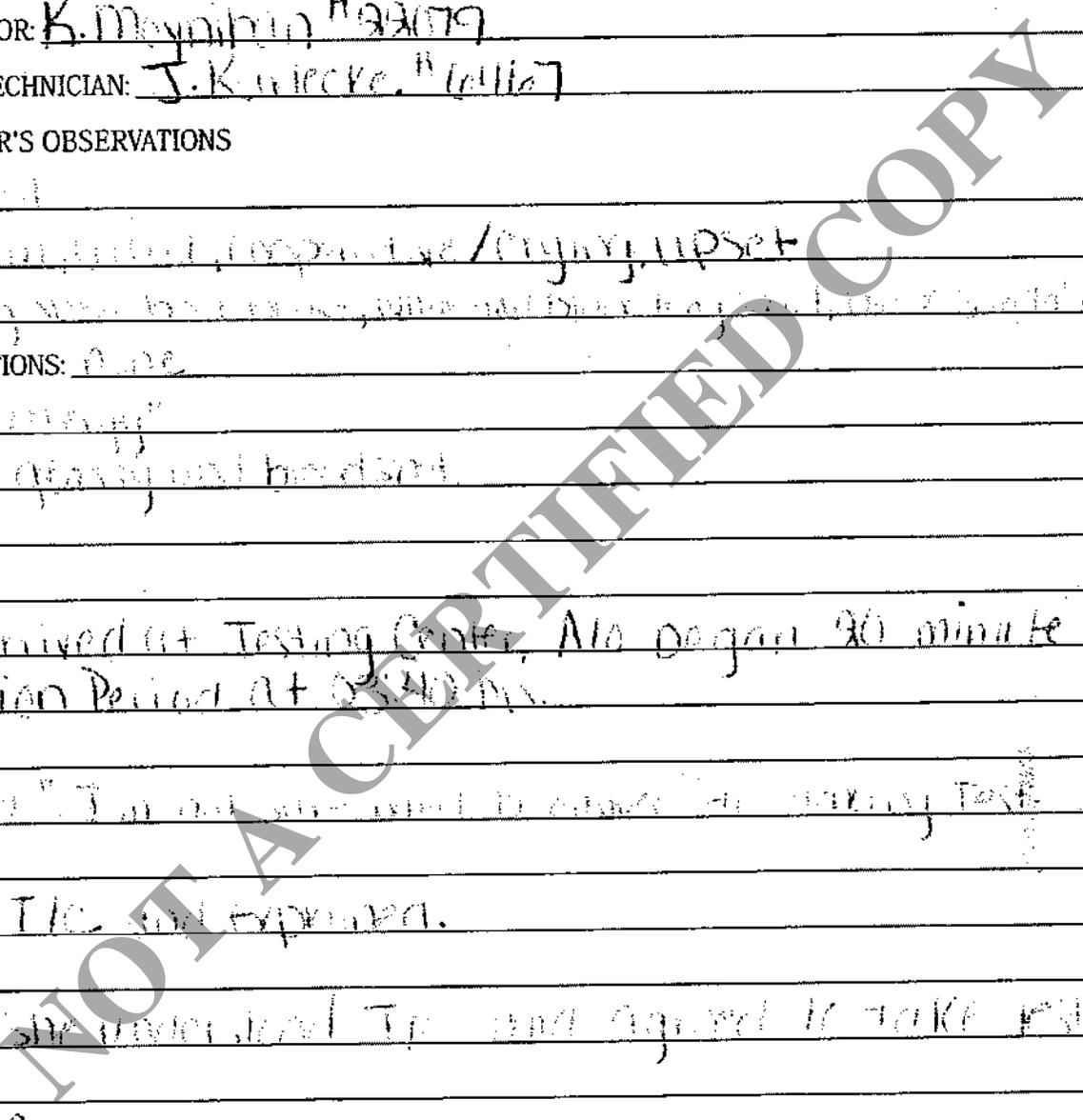
As stated she understood TIC and agreed to take test

And read Rights

and she understood her Rights.

Received Breath Test Results As stated she understood the results.

NO A-H A involved Rights



SCANNED  
JUL 31 2018

SUBJECT: Remmy, Linda, Lindsey L CASE NUMBER: 18-1034187

# 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? \_\_\_\_\_

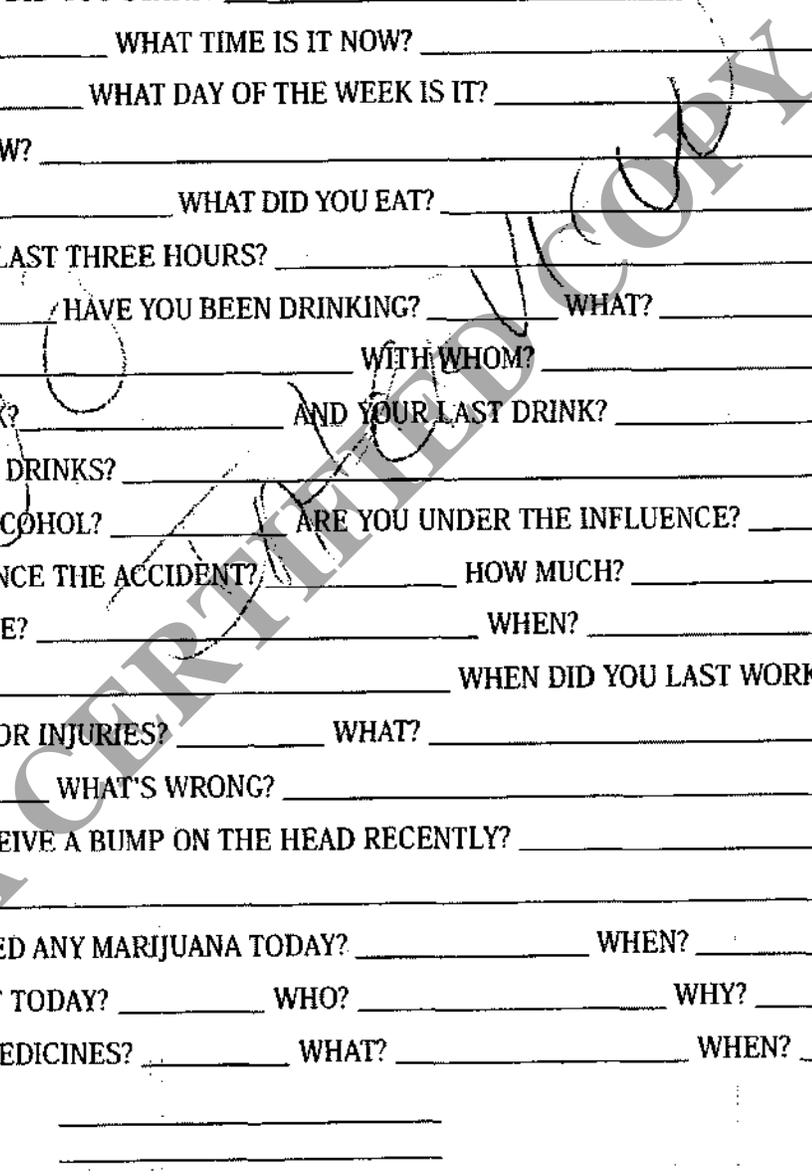
DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: E. L. WHITE

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

UNANNOUNCED  
JUL 31 2018



# WITNESS LIST

CASE NUMBER: 18-102487

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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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: \_\_\_\_\_

NOT A CERTIFIED COPY

SCANNED  
JUL 9 2018

**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: 80-006239 Software: 8100.27  
Date of Test: 07/29/2018

Date of Last Agency Inspection: 07/13/2018

Observation Period Began: 03:40

Subject's Name: LINDSEY L REMMERDEN

DOB: 03/26/1981 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	04:07
Air Blank	0.000	04:07
Control Test	0.079	04:08
Air Blank	0.000	04:08
Subject Sample #1	0.165	04:09
Air Blank	0.000	04:09
Air Blank	0.000	04:11
Subject Sample #2	0.165	04:12
Air Blank	0.000	04:12
Control Test	0.079	04:13
Air Blank	0.000	04:13
Diagnostics Check	OK	04:13

Cylinder Lot: 05218080A3  
Exp: 05/05/2020

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 KERIANE M MOYNIHAN, 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: *Keriane M Moynihan* Date: 07/29/18  
Signature

Sworn to (or affirmed) before me this 29 day of July, 2018  
*E. K. White*  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

SCANNED  
JUL 31 2018

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.



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

	X	Florida State Statute	Description	Page Number(s)
I/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"/>	(ii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

SCANNED  
JUL 31 2018

REVIEW COMPLETED BY

Booking Number: 2018025182	Date: 07/30/2018
	Specialist Name/ID: AM/31562