	0504 14	10											1	119	7	
	OBTS Number / t	(ST / NOT uvenile Re			EAR		1, Aı 2, N.	-: '		t for Warran t for Capias) Ju	yenike	Γ
1 1 1	Agency ORI Number FLO 502600	Agency Nar PALM BEA	CH GARDE	NS POLI	CF DI	FPART	MENT	Agenc	y Repo	ort Numbe 900364	r (N.T.A.	's only)		<u> </u>		L
STRA	ChargeType: 1. Felos Check as many as apply. 2. Traffic	ny 🔲	3. Misdemeanor 4. Traffic Misden			rdinance			Weapor	n Seized / T			Multi	ple rance		
NIMO	Location of Arrest (Including Name of 5600-Block Hood Ros	4 Dunings)					of Offe	nse (Busir		2. No ame, Addre	ss)	Daark (Indic	ator		
	OCH CHOICE	ime of Arrest	Booking Date	Booking T	ime .	Jail Date	Dioc	Jail Time	Ju K	Location	of Vehicle	KAUFFST	OWING &	RECOVE	RY	
r	Name () set First Middle)	berg, Lucie,						Alias (I	Name,	4301 E DOB, Soc.		nue, Wes	st Palm	Beach,	FL 33	405
	Race W - White I - American Indian		of Birth	076	Height		Weight			Color	Hair Col	lor C	omplexion	Bu	ikd	
	Scars, Marks, Tatoos, Unique Physica		08/28/1 Type, Description)			5' 8"	N	140 Parital Star	Bro us	WII Religion	Brown	Indication		Th Y	V 1	Unk.
DANT	N/A Local Address (Street, Apt. Number) 17085 31st RD N		(City) Loxahat	chee FL	-	(Zip		Phone (561		2-8443		Alcohol Int Drug Influ Residence 1. City 2. County	ence Type: 3. Fi	orida ut of State][2
DEFEN	Permanent Address (Street, Apt. Num 17085 31st RD N	ber)	(City) Loxahat	(State	•	(Zip	470	Phone		1-282-84		Address So Drivers I	MLCG	or or state		-
	Business Address (Name, Street) 3301 Gun Club Road		(City) WPB	(Stat	e)	(Zip)	Phone		20201		Occupation		<u> </u>		
	D/L Number, State W516520768080	FL	Sac Number	, L			umber	<u> </u>			ace of Bir	th (City, Sta		Citiza	eniship	
iii	Co-Oefendant Name (Last, First, Midd		A. Marine			Race	Sex	Dat	e of Bir			Arrested	P:	3. Felony 3. Misdema	<u> </u>	
CO-DE	Co-Defendant Name (Last, First, Middl	(e)	· · · · · · · · · · · · · · · · · · ·			Race	Sex	Date	e of Bir	th .	0.77	At Large Arrested		. Juvenile . Felony . Misdeme		-
۲	Parent Name (La Legal Custodian	ast)	(F	ifst) /	7	<u> </u>	(15	(elbbii			0 2/	At Large	Residenc	Juvenite	eanor	\dashv
	Other: Address (Street, Apt. Number)		(0	ity)	/- -		(State)	-	(Zi	p)		Business	Phone		{
	Notified by: (Name)					740	e	Juye	enile Di	sposition processed	within	2 TOT H	RS / DYS)		\dashv
VENILE	Released To: (Name)		/	Reta	yonship			72	ept. an	d Released		3. Incard	erated	Tim	,	\dashv
٦	The above address provided by to keep the Juvenile Court Clerk (Pho	defendant and / or [defendant's pare	pris The child	and / o	r parent w	s told	s	chool A	ttended			 	Gri	ade	_
	Yes, by: (Name) Property Crime? Property Crime? Description		□ No: (Reas	on)				- v	slue of	Property	 .					_
CODE	Drug Activity S. Sell R. S	muggle K. Dispo	ense/ M. Manu ibute Prod	sfacture/ Z. (Other	Drug Typ	9	B. Bar C. Co	biturate	• H.I	lallucinog Marijuana	en P.	Parapher	valia/ U.	. Unkno	wn
00	P. Possess T. Traffic E. U Charge Description		Cultiv	ounts Domi	estic	A. Amphe Statute V	tamine	E. Her		Ö. 6	Opium/Der	iv. S.	Equipmen Synthetics Vi		Other	4
HARG	DUI - Enhanced over .15 Drug Activity Drug Type Amount /	Unit	Offense #	ďΫ	™ N	316.193 Warrant i	· /	Number					Bond		· ·-···	
Ë	N/A N/A N/A Charge Description		I Co	unts Dom		Statute V	olation f	Yumber					٠,٠	iolation of	ORD#	4
CHARGE	Drug Activity Drug Type Amount /	Unit	Offense #	Viole	nce N	Warrant /		····				· · · · · · · · · · · · · · · · · · ·	Bond			_
ō	Charge Description			unts Dom	estic	Statute V							Ц	alation =/ 1	200.5	\dashv
CHARGE	Drug Activity Drug Type Amount	Init	Offense #	Viole	nce N	Warrant /				· · · · · · · · · · · · · · · · · · ·		· 		olation of (JKU#	
Ш	Charge Description			unts Don	nestic	Statute Vi							Bond	S. A. of	or	
RGE	Drug Activity Drug Type Amount / L	faid	Offense #	Viole	nce N									iolation of	ORD #	
ð	Continue Court Poor Murchar Address	y	Olientee &		l	Warrant /	Capias	Number					Bon	d		
EA	NORTH COUNTY COL		3188 PGA 1	BOULEV	/ARI	D, PAL	M B	EACH	I GA	RDEN	S, FL	33410 -	PH: (561) 66	62-67	'00'
	Court Date and Time Month July	Day 17	Yea	2019		Time		0:00		АМ	X	1	PM			
NOTICE 1	AGREE TO APPEAR AT THE TUPE A FAIL TO APPEAR BEFORE THE COUR	ND PLACE DESIGNAT AS REQUIRED BY	THIS NOTICE TO	R THE OFFEI APPEAR, TH	NSE CH	IARGED C AY BE HEL	R TO P		OF CO		D. I UND A WARRA	DERSTAND ANT FOR M	THAT SH Y ARRES	OULD I W	ALLFUL BE ISSU	IED
_	Signature of Defendant (o	r Juvenile and Parent	/Custodiam					, ,	J 10/4	Date Signe	rd					
- 1	fOLD for other Agency Name:	x	ignature of prestin	og Office	_	2_4	89	Nam	e Verifi	ication (Prin	ted by Arr	restee)	3.5	?		
	Dangerous Resisted Arres		lame of Arresting Co. R. Smith	Officer (Print)		#489	I,D.#	(PR	INT)						AGE	\dashv
	War Deputy	<u>પ</u> ા૦	ransporting Office fc. R. Smith		^{ID} # 489		BGPI	D Witne	ss her	re if subject	signed w	ith an -X"		آ ے لـ	OF 1	
	DISTRIBUTION: WHITE - CO	DURT COPY (GREEN - STATE AT	TTORNEY	YEU	LOW- AGE	NCY	PINI	C - AGI	ENCY	GOLD-	DEFENDAN	T (N.T.A.)	ONLY)		

SCANNED JUN 17 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16	DAY OF June	e 20 .	19 AT	22:11	. AM PM	
SUBJECT: Weinb	erg, Lucie,			CASE NUMBER:	19003640	
AGENCY: PALM BI	EACH GARDENS	POLICE DEPT. PERSON	ARRESTI	NG OFFICER: Ofc. R.	Smith	#489
DRIVING PATTER	N: ACTUAL PHYSICAL	CONTROL (PHYSICAL	EVIDENCE OR ST	ATEMENTS PUTTING DE	F. BEHIND WHEEL (OF VEHICL
then backed up a Hood Road, it sw hour in a 45 mile roadway and did	and began to drive vayed between the per hour zone. W	e westbound on He center divider an Then I activated m Ill off the roadway	ood Road. Wh d grass should ay overhead li	ted towards a solid raile the vehicle trave der of the roadway to ghts, the driver stop emale, Lucie Weinb	eled westbound traveling at 25 i pped in the midd	down niles per lle of the
OBSERVATION OF				ery eyes and the sm	/	
and swayed back vehicle.	s, forth and side to	side. Driver need	led to use the	e. The driver was undoor to steady herse	usicady while si elf as she exited	anding the
DRIVER'S STATEN	MENTS:					······································
Driver stated that neighborhood in ODORS:	t she had one drin Palm Beach Gard	ik before she drov lens, in which she	ve. Driver stat was naming a	ed she was attempti neighborhood whic	ng to go to a ch did not exist.	
	own alcoholic beve	rage was emanat	ing for the dri	ver's breath as she s	enoke	
		GENERAL O	BSEKVA	HUNS		
	d and mush mo	uthed				
ATTITUDE:						
LOTHING: White	shirt, blue skirt, t	black shoes				· · · · · · · · · · · · · · · · · · ·
EDICAL/OTHER:	Asthma and anxiet	ty				
TE OF FLORIDA NTY OF PALM BEACE	?	_				
Ling of Arresting investigative Off	(Sen) 48"	9				
regoing instrument was swprn to	or affirmed and subscribed before of	me this 16 day or Ju			. R. Smith	
Public, Clerk of Court, Officer (F.	S.S 117.10)	Samantha P	on GG 233762 【			

WARNING CITATION

YOU ARE HEREBY OFFICALLY WARNED OF THE BELOW DESCRIBED VIOLATION.
YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE.

PALM BEACH GARDENS POLICE DEPARTMENT

PALM BEACH 06						_			1	N	n:	73	'Q	3	9			
PALM BEACH GARDENS						W073939												
DAY OF WEEK MONDAY			01				17		ł			7648 019	9		1	2:2	20	
LUCIE							#200	Œ.	1	w	FTI	NBI	R(
STREET						_				• •				OROVE	R LLE	ENSE	T HE	<u> </u>
<u>17085 3</u>	15	R	D N						- 11	TATE	TE		ZP	CODE	_			7
LOXAHA		HEE								FI	<u>L</u>			34	7			
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DRIVER LICHISE NUMBER	W)	-	STAT		Q.ASS	<u> </u>	COLLIC	_	Ц.	_	XXXX	1	IF 0	Oil	ana.		
i				F	L.	L		۲	<u>Q</u>	_	نــــــــــــــــــــــــــــــــــــــ	202	20			KERE		<u> </u>
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VEHICLE LICENSE NO			<u> </u>		ALER TA	16 HO.		\$7/			YEAR	AG EX		IF COM	PAJ	OON CI	TATION	T
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UNLAWFUL SP	eed Ving Traffii Right-1	C CONT	D (Blo	SAF	VI METY 85 ROPER RED TA SIX (6) I	OLAT PH SPE LT VIOL OR UN AG	ED APP ATION SAFE EQUIP	LICAB	LE .		N D E C C C C C C C C C	IO PRI XPIRE] FOI	DOF OI D DRIV JR (4) I	F IA VEF	ISURA LUCE WITHS FOUR	MPH NICE NISE OR LE	
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WARNING CITATION

Case # 19003640

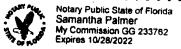


	SUBJECT:	Weinberg,	Lucie,
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CASE NUMBER 19003640

ROADSIDE TASKS

RT EYE-LACK OF SMOOTH PURSUIT
RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
ne position for the exercise.
in the position, had to raise her arms greater than six nissed almost every heel to toe step and stepped off the line in six inches to balance. Subject did an improper turn after a 2 times after having the instructions reiterated and the
when instructed lifted her foot higher than 6 inches and opped the exercise. Driver stated she wanted to do the once again raise her foot higher than 6 inches and used d she couldn't do it and "she's a ballerina."
ns instructed to say the alphabet non-rhythmically and mes.
ns instructed to say the alphabet non-rhythmically and mes.
erstood. Female did not follow directions and started to the tip of her finger to the tip of nose.
erstood. Female did not follow directions and started to each the tip of her finger to the tip of her nose with out me



WITNESS LIST

CASE NUMBER: 19003640 ARRESTING OFFICER: Ofc. R. Smith ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410 (WORK) (561) 799-4445 N/A PHONE NUMBERS (HOME): CAN TESTIFY TO: Facts of Case NAME: Ofc. J. Hennesy ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410 _____ (WORK) __(561) 799-4445 N/A PHONE NUMBERS (HOME) _____ CAN TESTIFY TO: Facts of case NAME: ADDRESS __ PHONE NUMBERS (HOME) _____ (WORK) ____ CAN TESTIFY TO: _____ NAME: ADDRESS PHONE NUMBERS (HOME) (WORK) CAN TESTIFY TO: NAME: ADDRESS _____ (WORK) PHONE NUMBERS (HOME) CAN TESTIFY TO: NAME: ____ ADDRESS _____ (WORK) _____ PHONE NUMBERS (HOME) CAN TESTIFY TO: NAME: _____ ADDRESS ____ (WORK) ____ PHONE NUMBERS (HOME) CAN TESTIFY TO: NAME: _____ ADDRESS _____ (WORK) _____ PHONE NUMBERS (HOME)_ CAN TESTIFY TO: NAME: _____ ADDRESS _____ _____(WORK) _____ PHONE NUMBERS (HOME) CAN TESTIFY TO: NAME: _____ ADDRESS __ PHONE NUMBERS (HOME) (WORK) CAN TESTIFY TO: NAME: ADDRESS _____ PHONE NUMBERS (HOME) ______ (WORK) _____ CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

	AGENCY: PBG/SMITH
SUBJECT: WEINBERG, LUCIE	CASE NUMBER: 19-083182
DATE: Jun 16, 2019	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 2338	ENDING TIME: 2349
BREATH TESTS RESULTS: 1) 216 TIME 2342 A.M.	P.M. 2) 218 TIME 2346 A.M. P.M. 218 P.M. 2346 P
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: LOW,	
ATTITUDE: CALM, QUIET, COOPERATIVE	
CLOTHING: WHITE TSHIRT,, JEAN SKIRT, BLACK FLIP FLOPS	
MEDICAL CONDITIONS: ANXIEXTY, ASTHMA	
MEDICATIONS: PROAIR, COLONAPIN	
OTHER: EYES: BLOODSHOT AND GLASSY, ODOR OF UNKNOWN AL	COHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2315 SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE BREATH TEST SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD RIGHTS
AND REFUSED QUESTIONING WITHOUT COUNSEL

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: 06/16/2019

Date of Last Agency Inspection: 06/13/2019

Observation Period Began: 23:15 Subject's Name: LUCIE WEINBERG

DOB: 08/28/1976 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	23:40	
	Air Blank	0.000	23:40	
	Control Test	0.080	23:41	
	Air Blank	0.000	23:41	
	Subject Sample #1	0.216	23:42	
	Air Blank	0.000	23:43	
	Air Blank	0.000	23:45	
	Subject Sample #2	0.218	23:46	
	Air Blank	0.000	23:46	
	Control Test	0.079	23:47	
	Air Blank	0.000	23:47	
	Diagnostics Check	OK	23:47	٠

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

State of Florida, County of Halm 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 M 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.

Sworn to for affirmedy before me this 10 day of June, 2019

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

LN BEACH COUNTY SHERIFF'S OFFICE DOI TESTING FACILITY INFORMATION SHEET

PBSO CASE # $19-083182$ PBSO ZONE $3-13$
agency case # 19003640
TIME OF STOP/CRASH 22:11 DATE 6/16/2019 DAY Sunday
SUBJECT'S NAME Lucie Wein berg RACE W SEX Female
HGT 5 8 11 WGT 140 DOB 08 128 11976
LOCATION 5600-BIK Hood Rd, PBb, FL
ARRESTING OFFICER'S NAME & ID R. Smith 489 AGENCY PBGPI
DIVISION: Koad Patrol NOTIFIED BY COMMO 22:49
ARRIVAL AT FACILITY 23:10
BREATH RESULTS: ARREST TIME 22:35
2218
3. N/A
4. N/A
TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

SUBJI	ECT: CASE NUMBER:
	IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE
N	NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.
I am conte	now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol
	·OR-
	now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of nical or controlled substances. OR-
I am and	now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content 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 perion of a required of your states of your	ou fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a od of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have uested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test our breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you dmissible into evidence in any criminal proceeding.
SUF	CONSTITUTIONAL WARNINGS
<u>I Al</u>	M 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.
SU	JSPECT'S SIGNATURE: (X)

SUBJECT: CASE NUMBER	: <u> </u>
QUESTIONS AND ANSW	
I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MINONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.	ND, YOU MAY ANSWER SOME OF, ALL OF, OR
WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCI	IDENT?
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 V	WHOM?
WHEN DID YOU HAVE YOUR FIRST DRINK? AND YOUR I	
HOW DID YOU CONSUME YOUR LAST TWO DRINKS?	
CAN YOU FEEL THE EFFECTS OF THE ALCOHOL?ARE YOU UN	NDER THE INFLUENCE?
	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 RECEN	ITLY?
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

PBSO #0129C REV. 9/93

Florida

DRIVER LICENSE





FORWS 16-520-76-808-0°CLASS

WEINBERG
2LUCIE
#17985 31ST REDV
LOYAHATCHEE TO 33470 3606

DGS 08/28/1976 75 SEX F

12 REST A

90 END NONE

ta ISS 09/06/2012 5DD X63/8862/06/2

REPLACED 06/27/2018

Operation of amotor values constitutes consent to any solution test required by law.



POCHOR



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
	· 🗀	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
tions	0	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (CIs).	,
		119.071(2)(e)	Confession.	
'ns		985.04(1)	Juvenile offender records.	
Public Info. Exemptions		119.071(h)(i)	Assets of a crime victim.	
o. Exe		395.3025(7)(a), 456.057(7)(a)	Medical information.	
olic Inf		394.4615(7)	Mental health information.	
P.		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.	
	Ø	(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.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
I Administr				
ss of Judicia				
Florida Rule				
ē			Other:	
Other			Other:	

REVIEW COMPLETED BY

	Date: 6/17/2019
Booking Number: 2019019848	Specialist Name/ID: LaToya Rouse / #6673