

0516774
Arrest Report

FLORIDA HIGHWAY PATROL
 P.O. BOX 540007, GREENACRES, FL 33454

2019CT016433ASB

153

Report Date / Time 9/8/2019 01:46 AM	Report Number FHP99ARR804797	Case Number/Cad Number FHPL19OFF059443/ LWRC19CAD164399	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 09/08/2019 01:29:27 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description ROADWAY
Street Number US-1	Street NB PALMETTO ROAD	Apt/Lot/Bldg WEST PALM BEACH
City WEST PALM BEACH	State FL	Zip Code 33403

Defendant

First Name LYNDSEY	Middle Name MARGARET	Last Name RICE	Suffix	Race WHITE	Sex FEMALE	Height 506	Weight 165	Hair BRO	Eyes GRN
MNI #	SSN	Date of Birth 08/07/1994	Age 25	Place of Birth LITTLE ROCK AR USA	Drivers License or other ID R-200-533-94-787-0	State FL	ID Type E	Address * RESIDENCE / 6973 ATHENA DR , LAKE WORTH, FL 33463 /	

Arrest

Arrest Date/Time 9/8/2019 1:29:46 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description ROADWAY
Street Number US-1	Street NB PALMETTO ROAD	Apt/Lot/Bldg PALM BEACH
County PALM BEACH	City WEST PALM BEACH	State FL
		Zip Code 33403

Charge : S

Counts 1	Charge 316.193.1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			

Charge : S

Counts 1	Charge 318.14.3	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code RESIST OFFICER	
Charge Description REFUSE TO ACCEPT SIGN CITATION OR POST BOND			

SEP 8 2019

Page 1 of 3

Arrest Report

Thomas #7939

SCANNED

SEP 08 2019

2019 SEP -8 AM 5:17

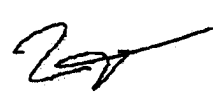
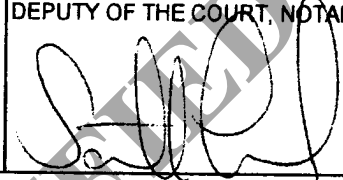
Report Date / Time 9/8/2019 01:46 AM	Report Number FHP99ARR804797	Case Number/Cad Number FHPL19OFF059443 / LWRC19CAD164399	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 09/08/2019 01:29:27 -	Jurisdiction	Clearance

Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Appearance Date / Time 09/30/2019 830 AM	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
Z. TODD TROOPER 4141	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPLLWRCIPALM BEACHSR804 JSOF SR702

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name Z. TODD	Office Rank TROOPER	Officer ID No 4141	Sworn and subscribed before me, the undersigned authority This the <u>8</u> day of <u>Sept</u> , 2019
Officer Agency FLORIDA HIGHWAY PATROL	Officer Signature 		DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT 



NOT A CERTIFICATE



COMPLAINT

FLORIDA DUI UNIFORM TRAFFIC CITATION A76R7PE

COUNTY OF **PALM BEACH** (1) P.P. (2) P.D. (3) S.O. (4) OTHER
 AGENCY NAME **FLORIDA HIGHWAY PATROL**
 CITY (IF APPLICABLE) **LAKE PARK** AGENCY # _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK **Sun** MONTH **09** DAY **08** YEAR **2019** TIME **03:00** A.M. P.M.

NAME (PRINT) FIRST **LYNDSLEY** MIDDLE **MARGARET** LAST **RICE**

STREET **6973 ATHENA DR** IF DIFFERENT THAN ONE ON DRIVER LICENSE OF HERE

CITY **LAKE WORTH** STATE **FL** ZIP CODE **33463**

TELEPHONE NUMBER _____ DATE OF BIRTH MO **08** DAY **07** YR **1994** RACE **W** SEX **F** HT **508**

DRIVER LICENSE NUMBER **R 2 0 0 5 3 3 9 4 7 8 7 0** STATE **FL** CLASS **E** CDL LICENSE Y N YR LICENSE EXP. **2026** COMMERCIAL VEHICLE YES NO

VEHICLE MAKE **ACURA** STYLE **4D** COLOR **GRY** PLACARDED HAZARDOUS MATERIAL YES NO

VEHICLE LICENSE NO. **BKJ64** TRAILER TAG NO. _____ STATE **FL** YEAR TAG EXPIRES **2020** YES NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **US-1/PALMETTO ROAD** MOTORCYCLE YES NO

COMPANION CITATIONS YES NO

FT. _____ MILES _____ N E W S OF NODE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF **.08** OR ABOVE OF **.134**

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation) _____

RE-EXAM YES NO

AGGRESSIVE DRIVER PASSENGER < 18 YEARS YES NO STATE STATUTE SECTION SUB-SECTION **316.193(1)**

DRAIN YES NO DAMAGE TO OTHER PROPERTY YES NO INJURY TO ANOTHER YES NO SERIOUS BODILY INJURY TO ANOTHER YES NO FATAL YES NO

THIS IS A CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE **10/07/2019** TIME **8:30 AM** **A76R7PE**

PALM BEACH SOUTH COUNTY COURTHOUSE
 COURT AND LOCATION
200 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33444

ARREST DELIVERED TO **PALM BEACH COUNTY CORRECTIONS** DATE **09/08/2019**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF ANY RIGHTS OR REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR _____

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2815, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON **UNLAWFUL BRAC**

ELIGIBLE FOR PERMIT? YES NO REASON **VALID DL**

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **Lauderdale Lakes** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE RIGHT SIDE.

TROOPER **Z. TODD** 4141 L

RANK - SIGNATURE OF OFFICER _____ BADGE NO. _____ ID NO. _____ TROOP UNIT _____

HSMV 75904 (Rev. 10/14)

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____



COMPLAINT

WHEN PRESENTED TO THE VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.

PAY A CIVIL PENALTY IN THE AMOUNT OF \$ _____
CASE NO _____ DOCKET NO _____ PAGE NO _____

DATE _____ COURT ACTION AND OTHER ORDERS _____

BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____

SIGNATURE OF PERSON GIVING BAIL _____

SIGNATURE OF PERSON TAKING BAIL _____

FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE _____

SIGNATURE OF CLERK _____

CONTINUANCE TO _____ REASON _____

CONTINUANCE TO _____ REASON _____

BOND ESTREATED _____

WARRANT ISSUED _____

VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED _____

VIOLATOR ARRAIGNED ON _____ (DATE)

PLEA: _____

FINDING: _____

ADJUDICATION: _____

SENTENCE: FINE _____ COST _____

JAILED _____ DAYS

DRIVER IMPROVEMENT SCHOOL _____

OTHER _____

DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS

RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS

RECOMMEND RE-TEST _____

SIGNATURE OF JUDGE _____

TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS): _____

APPEAL BOND OF \$ _____

VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____

FLORIDA UNIFORM TRAFFIC CITATION

ABFF1CE

FLORIDA HIGHWAY PATROL
COUNTY OF PALM BEACH
CITY OF (IF APPLICABLE) LAKE PARK
COMPLAINT (RETAINED BY COURT)
DAY OF WEEK SUN MONTH 09 DAY 08 YEAR 2019 03:00
NAME (PRINT) FIRST LYNDSEY MIDDLE MARGARET LAST RICE
STREET 6973 ATHENA DR
CITY LAKE WORTH STATE FL ZIP CODE 33463
DRIVER LICENSE NUMBER R200533947870
VEHICLE 2005 MAKE ACURA STYLE 4D COLOR GRAY
VEHICLE LICENSE NO. BIKJ64
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY US-1 / PALMETTO ROAD

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.
UNLAWFUL SPEED MPH SPEED APPLICABLE MPH
INTERSTATE SCHOOL ZONE CONSTRUCTION WORKERS PRESENT
SPEED MEASUREMENT DEVICE:

CARELESS DRIVING
VIOLATION OF TRAFFIC CONTROL DEVICE
FAILURE TO STOP AT A TRAFFIC SIGNAL
IMPROPER LANE CHANGE OR COURSE
NO PROOF OF INSURANCE
VIOLATION OF RIGHT-OF-WAY
CHILD RESTRAINT
SAFETY BELT VIOLATION
IMPROPER OR UNSAFE EQUIPMENT
EXPIRED TAG SIX (6) MONTHS OR LESS
EXPIRED TAG MORE THAN SIX (6) MONTHS
IMPROPER PASSING
EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
NO VALID DRIVER LICENSE
DRIVING WHILE LICENSE SUSPENDED OR REVOKED
DRIVING UNDER THE INFLUENCE
Passenger Under 18 Yrs BAL

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
PERSON WILLFULLY REFUSES TO ACCEPT AND SIGN CITATION. ID FL DL
RE-EXAM YES NO
DL SEIZED YES NO

AGGRESSIVE DRIVING
IN VIOLATION OF STATE STATUTE SECTION 318.14 (3) SUB-SECTION
CRASH PROPERTY DAMAGE INJURY TO ANOTHER SERIOUS BODILY INJURY TO ANOTHER FATAL
ORIGINAL VIOLATION COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
INFRACTION COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

CIVIL PENALTY IS \$
COURT INFORMATION 10/7/2019 8:30 AM
PALM BEACH SOUTH COUNTY COURTHOUSE
200 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33444 561-274-1530

ARREST DELIVERED TO PALM BEACH COUNTY CORRECTIONS DATE 9/8/2019
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

REFUSED

SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED BY INFRACTION REQUIRES AN APPEARANCE IN COURT)
TROOPER Z. TODD 4141 L

RANK - NAME OF OFFICER SADDLE NO. ID NO. TROOP / UNIT
CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
HSMV 75901 (REV. 07/12)



COMPLAINT

ABFF1DE

WHEN PRESENTED TO THE VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.

FLORIDA UNIFORM TRAFFIC CITATION

FLORIDA HIGHWAY PATROL
COUNTY OF PALM BEACH
CITY OF (IF APPLICABLE) LAKE PARK
COMPLAINT (RETAINED BY COURT)
DAY OF WEEK SUN MONTH 09 DAY 08 YEAR 2019 03:00
NAME (PRINT) FIRST MIDDLE LAST
LYNDESEY MARGARET RICE
STREET 6973 ATHENA DR
CITY LAKE WORTH STATE FL ZIP CODE 33463
DRIVER LICENSE NUMBER R200533947870
VEHICLE 2005 MAKE ACURA STYLE 4D COLOR GRAY
VEHICLE LICENSE NO. BIKJ64
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY US-1 / PALMETTO ROAD

PAY A CIVIL PENALTY IN THE AMOUNT OF \$
CASE NO DOCKET NO PAGE NO
DATE COURT ACTION AND OTHER ORDERS

BAIL FIXED AT \$ OR CASH DEPOSIT OF \$

SIGNATURE OF PERSON GIVING BAIL

SIGNATURE OF PERSON TAKING BAIL

FINE IN THE AMOUNT OF \$ RECEIVED AS REQUIRED BY COURT SCHEDULE

SIGNATURE OF CLERK

CONTINUANCE TO REASON

CONTINUANCE TO REASON

BOND ESTREATED

WARRANT ISSUED

VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED

VIOLATOR ARRAIGNED ON (DATE)

PLEA:

FINDING:

ADJUDICATION:

SENTENCE: FINE COST

JAILED DAYS

DRIVER IMPROVEMENT SCHOOL

OTHER

DRIVER LICENSE SUSPENDED OR REVOKED FOR DAYS

RECOMMEND DRIVER LICENSE SUSPENSION FOR DAYS

RECOMMEND RE-TEST

SIGNATURE OF JUDGE

TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):

APPEAL BOND OF \$

VIOLATOR'S FINGERPRINT WHEN APPLICABLE

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.
UNLAWFUL SPEED 52 MPH SPEED APPLICABLE 35 MPH

SPEED MEASUREMENT DEVICE: STALKER DUAL 046831 RADAR

- CARELESS DRIVING
VIOLATION OF TRAFFIC CONTROL DEVICE
FAILURE TO STOP AT A TRAFFIC SIGNAL
IMPROPER LANE CHANGE OR COURSE
NO PROOF OF INSURANCE
VIOLATION OF RIGHT-OF-WAY
CHILD RESTRAINT
SAFETY BELT VIOLATION
IMPROPER OR UNSAFE EQUIPMENT
EXPIRED TAG SIX (6) MONTHS OR LESS
EXPIRED TAG MORE THAN SIX (6) MONTHS
IMPROPER PASSING
EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
NO VALID DRIVER LICENSE
DRIVING WHILE LICENSE SUSPENDED OR REVOKED
DRIVING UNDER THE INFLUENCE
Passenger Under 18 Yrs BAL

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: UNLAWFUL SPEED (REQUIRES SPEEDS), ID FL DL L LNE

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE SECTION 316.187(1)
CRASH: YES NO PROPERTY DAMAGE: YES NO INJURY TO ANOTHER: YES NO SERIOUS BODILY INJURY TO ANOTHER: YES NO FATAL: YES NO

CRIMINAL VIOLATION: COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
INFRACTION: COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

ABFF1DE

CIVIL PENALTY IS \$ 256.00
COURT INFORMATION: 10/7/2019 8:30 AM
PALM BEACH SOUTH COUNTY COURTHOUSE
200 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33444 561-274-1530

ARREST DELIVERED TO PALM BEACH COUNTY CORRECTIONS DATE 9/8/2019

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IN INFRACTIONS WHICH REQUIRE APPEARANCE IN COURT)

TROOPER Z. TODD 4141 L
RANK - NAME OF OFFICER BADGE NO. ID NO. TROOP / UNIT

CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
HS/MV 75901 (REV. 07/12)

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: 09/08/2019

Date of Last Agency Inspection: 08/16/2019

Observation Period Began: 01:55

Subject's Name: LYNDSEY M RICE

DOB: 08/07/1994 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	02:19
	Air Blank	0.000	02:20
	Control Test	0.081	02:20
	Air Blank	0.000	02:21
	Subject Sample #1	0.134	02:23
	Air Blank	0.000	02:24
	Air Blank	0.000	02:25
	Subject Sample #2	0.132	02:27
	Air Blank	0.000	02:28
	Control Test	0.079	02:28
	Air Blank	0.000	02:28
	Diagnostics Check	OK	02:29

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:

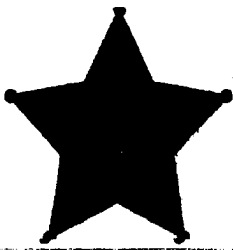
I SAMANTHA M PALMER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath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

Breath Test Operator: [Signature] Date: 9/8/19
Signature

Sworn to (or affirmed) before me this 8 day of Sept, 2019.

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida TROOPER TODD #4141

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.



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

PBSO CASE # 19-112643 PBSO ZONE 7-41

AGENCY CASE # FHP2190FF059443 CRASH CASE # N/A

TIME OF STOP/CRASH 0129 DATE 9/8/19 DAY SUN

SUBJECT'S NAME LYNDEY RICE RACE W SEX F

HGT 5'08 WGT 145 DOB 08/07/94

LOCATION US-4 / PALMETTO RD

ARRESTING OFFICER'S NAME & ID TODD 4141 AGENCY FHP - L

DIVISION: DUI NOTIFIED BY COMMO X

ARRIVAL AT FACILITY 0155

BREATH RESULTS: Arrest Time 0129

- 1. .134
- 2. .132
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: FHP/TODD

SUBJECT: RICE, LYNDESEY

CASE NUMBER: 19-112643

DATE: Sep 8, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 217

ENDING TIME: 230

BREATH TESTS RESULTS: 1) .134 TIME 223 A.M. P.M. 2) .132 TIME 0227 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/LOW

ATTITUDE: TALKATIVE, SARCASTIC/CALM QUIET, MOODSWINGS

CLOTHING: GREY SHIRT, TAN SHORTS, RED SNEAKERS

MEDICAL CONDITIONS: CALAPSED LUNG

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0155
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
A/O READ RIGHTS
TECH READ TEST RESULTS

SUBJECT:

Rice, Lyndsey

CASE NUMBER:

FHPL19OFF059443

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) Read on Camera

SUBJECT:

Rice, Lyndsey

CASE NUMBER:

FHPL190FF059443

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: Trooper Todd #4141

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

Florida

DRIVER LICENSE



USA

R200-533-94-787-0

CLASS E



1 NAME
2 LYNDSEY MARGARET
3 16973 ADIENA DR
4 LAKE WORTH FL 33463-7284

5 DOB 08/07/1994 SEX F
6 EXP 08/07/2025 16 HGT 5'-08"
7 REST NONE 98 END NONE

14a ISS 07/10/2018

15DD X631897103620



Operation of a motor vehicle constitutes consent to any Sobriety test required by law.

NOT A CERTIFIED COPY



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"/>	(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"/>	(xi) 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: 2019029225	Date: 9/8/2019
	Specialist Name/ID: LaToya Rouse/ #6673