2019 CT012623 AMB #330

TF 0509293

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- 19-091064

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): 2

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): Greenview Shores Blvd/Wellington Trace, Wellington FL

Location of Offense (Business Name, Address): Greenview Shores Blvd/Wellington Trace, Wellington FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/08/2019	2228					PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): **Bopp, Margaret, A**

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	2/3/1987	5'02	125	BRO	BR	FAIR	THIN

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: Single

Religion: CATHOLIC

Indication of: Alcohol Influence Y ☒ N ☐ Unk. ☐; Drug Influence Y ☐ N ☒ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 26 96 APPOLUSA TRAIL, WELLINGTON FL 33460

Phone: (203) 561-0425

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( )

Address Source: DEFENDANT

Business Address (Name, Street) (City) (State) (Zip): 29 Quail Rd Greenwich, CT 06831

Phone: ( )

Occupation: SALES

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
27933608, CT	[redacted]		PORTCHESTER, NY	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 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 #
DUI	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-091064		

CHARGE

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

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		☐Y ☐N		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month 8 Day 1 Year 19 Time 8:30 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: 07/08/2019

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: x

Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Name of Arresting Officer (Print): A SOLOWAY 8586 I.D. #: 8586

Intake Deputy ID # Pouch #

Transporting Officer: A SOLOWAY ID #: 8586 Agency: PBSO

Witness here if subject signed with an "X"

SCANNED JUL 11 2019

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF JULY 20 19, AT 2130 AM ✓ PM

SUBJECT: Bopp, Margaret, A CASE NUMBER: 19-091064

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A SOLOWAY 8586

PERSONAL CONTACT

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

I responded to assist D/S Sheehan #9681 with a vehicle crash involving a possible impaired. Upon arrival I observed the defendants vehicle directly behind the victim's vehicle. The defendant had crashed into the rear of the vehicle in front of her.
The driver was identified by her CT DL as Margaret Bopp.
I met met with the victim/witness who stated he was stopped at the red traffic light. As soon as it turned green he was struck from behind. He identified the driver as a white female and said the driver was wearing a black top and sitting on the curb. He positively identified the defendant as the driver which struck his vehicle. He said the female driver was intoxicated.

OBSERVATION OF DRIVER:

Upon arrival the driver was sitting on the curb. I asked her to stand up and come speak with me. She was very unstable on her feet as she walked. The driver's eyes were red and blood shot. Her speech was slurred. There was an obvious odor of an unknown alcoholic beverage coming from the driver's breath. This odor became more intense as she spoke.

DRIVER'S STATEMENTS:

The driver stated she was driving at the time of the crash. She said her vehicle crashed into the back of the other vehicle. She said she had 3 glasses of Pino Griggio wine at Olly's restaurant/bar.

ODORS:

There was an obvious odor of an unknown alcoholic beverage coming from the driver's breath.

GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **compliant**

CLOTHING: **black romper, sandals**

MEDICAL/OTHER: **stated none**

STATE OF FLORIDA
COUNTY OF PALM BEACH

A SOLOWAY 8586
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of JULY 20 19 by A SOLOWAY 8586

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SUBJECT: Bopp, Margaret, A CASE NUMBER 19-091064

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

)ther Observations:

The driver displayed a noticeable orbital sway.

WALK & TURN:

The driver said she could not perform this task even if she was sober. The driver could not safely perform this task so it was not attempted. Each time she attempted to stand heel to toe, she lost her balance and almost fell over.

ONE LEG STAND:

The driver said she could not perform this task safely. She attempted to raise her foot and lost her balance, almost falling over.

FINGER TO NOSE:

The driver was swaying during this task. The driver touched her nostril on attempts 1,3, and 6. The driver used her left hand on the 5th attempt then self- corrected and used her right hand.

ROMBERG ALPHABET:

The driver was swaying during this task. The driver correctly recited the alphabet from A-Z. The driver was slurring during this task.

BREATH TEST RESULTS: .263 .266

TATE OF FLORIDA
'OUNTY OF PALM BEACH

A SOLOWAY 8586
ignature of Arresting/Investigative Officer)

he foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of JULY 20 19 by A SOLOWAY 8586

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

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: 80-006029 Software: 8100.27
Date of Test: 07/09/2019

Date of Last Agency Inspection: 06/13/2019
Observation Period Began: 00:06
Subject's Name: MARGARET A BOPP DOB: 02/03/1987 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	00:33
Air Blank	0.000	00:33
Control Test	0.084	00:34
Air Blank	0.000	00:34
Subject Sample #1	0.263	00:36
Air Blank	0.000	00:37
Air Blank	0.000	00:39
Subject Sample #2	0.266	00:40
Air Blank	0.000	00:41
Control Test	0.079	00:41
Air Blank	0.000	00:41
Diagnostics Check	OK	00:41

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 THOMAS H LEAHEY, 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: 07/09/19
Signature

Sworn to (or affirmed) before me this 09th day of July, 2019

_____ Inv A Soloway # 8586
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

FLORIDA DUI UNIFORM TRAFFIC CITATION A2G4ARP

COUNTY OF Palm Beach ☐ (1) F.H.P. ☐ (2) P.D. ☑ (3) S.O. ☐ (4) OTHER

CITY (IF APPLICABLE) AGENCY NAME PBSO

AGENCY # 06

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	MONTH	DAY	YEAR		
Mon	7	8	19	2228	☐ A.M. ☑ P.M.

NAME (PRINT) FIRST Margaret MIDDLE A LAST Bopp

STREET 2656 Apalust Trail IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐

CITY Wellington STATE FL ZIP CODE 33460

TELEPHONE NUMBER DATE OF BIRTH MO 2 DAY 7 YR 87 RACE W SEX F HGT 5'3"

DRIVER LICENSE NUMBER 027937608 STATE CT CLASS E CDL LICENSE ☐ Y ☑ N YR LICENSE EXP. 21 COMMERCIAL VEHICLE ☐ YES ☑ NO

YR. VEHICLE 18 MAKE Toyota STYLE UT COLOR Grey PLACARDED HAZARDOUS MATERIAL ☐ YES ☑ NO

VEHICLE LICENSE NO. A572770 TRAILER TAG NO. STATE CT YEAR TAG EXPIRES 18 ≥ 10 PASSENGERS ☐ YES ☑ NO

MOTORCYCLE ☐ YES ☐ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY Tag

Greenview Shores Blvd / Wellington COMPANION CITATION(S) ☐ YES ☑ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ W 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 .263/.266

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) DUI RE-EXAM ☐ YES ☑ NO

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

CRASH ☑ YES ☐ NO | DAMAGE TO OTHER PROPERTY ☑ YES $ 1000 ☐ 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.

8/1/19 8:30A

COURT DATE 3228 Gun Club Rd A2G4ARP

W Palm Beach FL COURT AND LOCATION

ARREST DELIVERED TO _____ DATE _____

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

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/REVOKED 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 322.2615, 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 _____

ELIGIBLE FOR PERMIT? ☑ YES ☐ NO REASON _____

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 LANTANA 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 REVERSE SIDE.

Ian [signature] 8586 VCD

RANK - SIGNATURE OF OFFICER BADGE NO. I.D. NO. TROOP UNIT

HSMV 75904 (Rev. 7/13)

WITNESS LIST

CASE NUMBER: 19-091064

ARRESTING OFFICER: A SOLOWAY 8586
ADDRESS: PBSO
PHONE NUMBERS (HOME): (WORK) 561 688 3400
CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Sheehan
ADDRESS: PBSO
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: Crash investigation

NAME: Macina, Nicholas, Daniel
ADDRESS 981 N 73rd Ave, Hollywood, FL 33024
PHONE NUMBERS (HOME)(754) 204 7471 (WORK) 0
CAN TESTIFY TO: Wheel witness/victim

NAME: Rosario, Kari, Kaiulani
ADDRESS 14729 Draft Horse Ln, Wellington, FL 33414
PHONE NUMBERS (HOME)(561) 628 3379 (WORK) 0
CAN TESTIFY TO: Wheel witness/victim

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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

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

PAGE 1 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: 7/8/14 TIME: 2221

SIGNATURE: _____ ID: 5275

*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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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

I YOUR NAME:

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

PAGE _____ OF _____

READ AND SIGN

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YOUR SIGNATURE: X

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SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

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

PBSO #0134 REV. 12/11

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Bopp, Margaret A

CASE NUMBER: ~~ACF~~ 19-091664

DATE: 07/09/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 00:29

ENDING TIME: 00:43

BREATH TESTS RESULTS: 1) .263 TIME 00:36 A.M./P.M. 2) .266 TIME 00:40 A.M./P.M.

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

BREATH OPERATOR: T Lackey # 19163

MAINTENANCE TECHNICIAN: T Lackey #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: talkative

ATTITUDE: cooperative

CLOTHING: blk short dress blk sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy & bloodshot

COMMENTS: arrived at testing & conducted 20 minute observation period at 00:06 hrs

D agreed to perform breath test D asked what would happen if she refused

D/O read FIC & D stated she understood FIC & agreed to perform breath test

Technical breath test result

D stated she understood breath test results

D/O stated rights would change

D did not answer CTA - invoked right to counsel

SUBJECT: Dopp Margaret A CASE NUMBER: 11-091064

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) Refused 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) Refused on Camera + read on scene

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

PBSO #0129B REV. 06/11

SUBJECT: Bopp, Margaret A CASE NUMBER: 19 021064

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: _____

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	☐	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	☐	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019022299	**Date:** 7/9/2019
	Specialist Name/ID: M. Tooks #8557