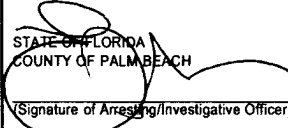
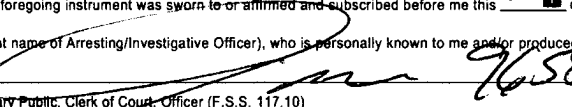


0490995

2017CT10237

2040

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N											
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 17120970															
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1																	
Location of Arrest (Including Name of Business) 20594 State Rd 7, Boca Raton, FL 33433				Location of Offense (Business Name, Address) 20594 State Rd 7, Boca Raton, FL 33433																	
Date of Arrest 08/30/2017		Time of Arrest 0613		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 20594 State Rd 7, Boca Raton, FL 33433									
Name (Last, First, Middle) Bradley, Margaret, Noreen												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 12/09/1964		Height 5'08		Weight 167		Eye Color brown		Hair Color blonde		Complexion light		Build medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) scar leg								Marital Status Divorced		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number) 2102 NW 1st Way, Deerfield Beach, FL 33441				(City) (State) (Zip)				Phone (561) 241-2752				Residence Type: 1. City 2. County 3. Florida 4. Out of State 1									
Permanent Address (Street, Apt. Number) 2102 NW 1st Way, Deerfield Beach, FL 33441				(City) (State) (Zip)				Phone ()				Address Source verbal									
Business Address (Name, Street) ()				(City) (State) (Zip)				Phone ()				Occupation Pharmacist									
D/L Number, State B634574649490, FL				Soc. Sec. Number ()				INS Number				Place of Birth (City, State) Cork, Ireland				Citizenship USA Res.					
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. 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		1											
Released To: (Name) ()				Relationship				Date		Time											
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended				Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property													
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 Description Driving Under The Influence (DUI)				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)				Violation of ORD #									
Drug Activity U				Drug Type U		Amount / Unit		Offense # 17120970		Warrant / Capias Number				Bond							
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond							
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond							
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond							
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996												Court Date and Time Month Sep Day 25 Year 2017 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) MORIEL BRADLEY		Date Signed 08/30/2017							
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) SCANNED													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S Jacob Frey				I.D. # 9658				(PRINT)									
Take Deputy CPL. D. HAWKINS				D. # #8138				Transporting Officer D/S Jacob Frey				ID # 9658				Agency PBSO					
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)												Witness here if subject signed with an "X" OF									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17-120970						
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:				
DEF	Name (Last, First, Middle) BRADLEY, MARGARET, NOREEN				Alias		Race W	Sex F	Date of Birth 12/09/1964		
	Charge Description DUI				Charge Description						
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) State of Florida, ,				Race		Sex	Date of Birth			
	Local Address (Street, Apt. Number) (City) (State) (zip)				Phone () ()		Address Source				
	Business Address (Name, Street) (City) (State) (zip)				Phone () ()		Occupation				
<p>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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 30TH day of AUGUST 20 17 at 5:25 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>I WAS AT 20540 STATE ROAD 7 UNICORPORATED BOCA RATON 33498. I OBSERVED A W/F DRIVING A BLACK TOYOTA TRAVELING NORTHBOUND BEARING FLORIDA TAG # HRAH83 AT THE REAR OF BESTBUY. I OBSERVED THE VEHICLE STRIKING SEVERAL ORANGE TRAFFIC CONES, WHICH WAS PRESET UP BY EVOLUTION FITNESS CROSSFIT GYM TO PREVENT DRIVER'S FROM COLLIDING WITH CUSTOMERS DURING GYM WORKOUTS. THE VEHICLE CONTINUED WESTBOUND WHERE THE VEHICLE NEARLY STRUCK A METAL RAILING LOCATED AT THE LOADING DOCK OF THE BESTBUY. THE VEHICLE MISSED THE METAL RAILING BY 2 FEET. I FOLLOWED THE VEHICLE WESTBOUND WHERE I LOCATED THE VEHICLE NEAR MCDONALD DRIVING IN A CIRCLE. I CONDUCTED A TRAFFIC STOP BY ACTIVATING THE BLUES LIGHTS ON MY MARKED PATROL VEHICLE. I MADE CONTACT WITH THE DRIVER WHO I POSTIVELY IDENTIFIED AS MARGARET NOREEN BRADLEY VIA FLORIDA DRIVER LICENSE. MARGRET TOLD ME SHE WAS LOST AND SHE WANTED TO FIND SOMETHING TO EAT. I IMMEDIATELY DETECTED A STRONG ODOR OF ALCOHOL COMING FROM BREATH. EYE'S WAS BLOOD SHOT RED AND UNCONTROLLABLEY SWEATING. I ASKED MARGRET IF SHE HAD ANYTHING TO DRINK TONIGHT? MARGRET STATED "I HAD A FEW DRINKS" I OBSERVED EXITTED HER VEHICLE DURING THE TRAFFIC STOP WHERE I NOTED THAT SHE WAS UNSTEADY ON HER FEET AND SWAYING. I ORDER TO REMAIN INSIDE THE VEHICLE. I IMMEDIATELY MADE CONTACT WITH PALM BEACH COUNTY SHERIFF DISPATCH AND REQUESTED A DUI UNIT. D/S FREY RESPONDED TO THE SCENE. I TURN OVER ALL DOCUMENTS TO D/S FREY. THIS SUPPLEMENT IS POLICE INFORMATIONAL PURPOSES ONLY.</p>											
SCANNED AUG 31 2017											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) 				The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of AUGUST 20 17 by D/S EXZABRION BARTON						
					(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO						
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF Aug 20 17, AT 0522 ☒ AM ☐ PM

SUBJECT: Bradley, Margaret, Noreen CASE NUMBER: 17120970

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey

PERSONAL CONTACT

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

On 30Aug17 at approximately 0530hrs I arrived at 20554 S STATE ROAD 7 (McDonalds), Boca Raton, in unincorporated Palm Beach in reference to a Driving Under the Influence (DUI) investigation.

Upon arrival I spoke to D/S E. Barton. He told me he observed a white female driving a black Toyota (FL tag HRAH83) traveling northbound in the rear of the parking lot for the Best Buy. He observed the vehicle striking several orange traffic cones, which were preset up by the Evolution Fitness Crossfit Gym to prevent drivers from colliding with patrons to the business during business hours. He told me the vehicle continued westbound and nearly struck a metal railing for the loading dock for Best Buy. The vehicle came within 2 feet of the railing. He followed the vehicle westbound in the parking lot with his marked patrol vehicle to the west side of the McDonalds. He conducted a traffic stop on vehicle to check the welfare of the driver.

OBSERVATION OF DRIVER:

When D/S Barton made contact with the driver, later identified as Margaret Bradley by her Florida Driver's License. Margaret told him she was lost and she wanted to find something to eat. He told me he immediately detected the "strong" odor of an alcoholic beverage coming from her breath. He said her eyes were bloodshot red and she was uncontrollably sweating. He asked her if she had anything to drink tonight; she told him she "had a few drinks". He observed her exit the vehicle and he noted she was unsteady on her feet and was swaying.

After speaking to D/S Barton I made contact with Margaret. She was sitting in the driver's seat of the black Toyota and the keys were still in the ignition. I immediately smelled the strong odor of an unknown alcoholic coming from inside the vehicle and from her person. Her eyes were very watery and slightly bloodshot; her pupils were dilated and slow to react to the change of light. She was sweating uncontrollably. She had a difficulty focusing when I was talking to her. She exited her vehicle before being told to do so. She had difficulty exiting the vehicle and had to use the door frame and door for support. As she exited the vehicle she stumbled and had difficulty standing without the support of her vehicle. I felt she was going to fall over and I requested she lean against her vehicle for support. I then had her walk to the front of my marked patrol vehicle. She staggered as she walked and could not follow the direction on where I wanted her to stand.

DRIVER'S STATEMENTS:

She told me she had "2 beers and a glass of wine". She also told me she was taking alprazolam.

ODORS:

Strong odor of an unknown alcoholic beverage coming from her person and her breath.

GENERAL OBSERVATIONS

SPEECH: Fast, confusing

ATTITUDE: mood changes, cooperative/uncooperative, belligerent, excited, restless

CLOTHING: flower dress (disorderly)

MEDICAL/OTHER: Multiple Sclerosis

STATE OF FLORIDA
COUNTY OF PALM BEACH

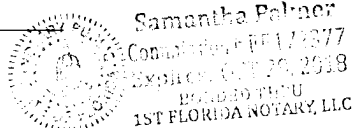
D/S Jacob Frey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of August 20 17 by D/S Jacob Frey

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

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



SCANNED
AUG 31 2017

SUBJECT: Bradley, Margaret, Noreen

CASE NUMBER 17120970

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:

Her body swayed. She had equal pupil size (dilated) and equal tracking. She had difficulty following the stylus without moving her head and I had to remind her several times to keep her head still. She had Vertical Gaze Nystagmus (VGN) in both eyes but did not have Lack of Convergence (LOC). She had difficulty following my directions. I could smell the odor of an unknown alcoholic beverage coming from her breath.

WALK & TURN:

I instructed and demonstrated the walk and turn. She acknowledged she understood but stated she would have difficulty because of her medical condition. She could not stand as instructed and began to walk before instructed. During the instruction and demonstration she had reached out and grabbed my arm for support. She walked 13 steps forward failing to maintain heel to toe and stepped off the line several times. She raised her arms from her side to maintain balance. She turned incorrectly and stopped. She walked 13 steps back failing to maintain heel to toe and stepping off the line several times. She raised her arms from her side for balance. The task was completed on a dry and level surface using a white painted line.

ONE LEG STAND:

I instructed and demonstrated the one leg stand. She acknowledged she understood. During the task she lifted her arms from her side and had to hold onto my arm for support. Although she was holding onto me her body still swayed during the task. She placed her foot down several times. The task was completed on a dry and level surface.

FINGER TO NOSE:

I instructed and demonstrated the Finger to Nose. She acknowledged she understood. On each command she placed the pad of her finger to her nose. On several commands she placed her finger to the side of her nose. Her body swayed during the task. The task was completed on a dry and level surface.

ROMBERG ALPHABET:

She told me her highest level of education was a bachelor's degree for pharmacy. She acknowledged she understood the English alphabet. Her body swayed during the task. When she recited the alphabet she started slow and went through sections of it fast. Towards the end she had difficulty remembering and had to pause several times. The task was completed on a dry and level surface.

BREATH TEST RESULTS: refusal refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Jacob Frey 9655

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of Aug 2017 by D/S Jacob Frey

(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)

Samantha Palmer
Commission # 17120977
EXPIRES: OCT 25, 2018
NOTARY PUBLIC
1ST FLORIDA NOTARY, LLC

SCANNED
AUG 31 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO/ FREY

SUBJECT: BRADLEY, MARGARET

CASE NUMBER: 17-120970

DATE: 08/30/2017

VIDEO DVD NUMBER: 63278

BEGINNING TIME: 0829

ENDING TIME: 0847

BREATH TESTS RESULTS: 1) R TIME 0836 A.M. ☒ P.M. ☐ 2) XX TIME XX 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 TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUSHED MOUTH

ATTITUDE: RAMBLING, REPETITIVE, UPSET, MOOD SWINGS

CLOTHING: MULTI COLOR, SILVER SANDALS

MEDICAL CONDITIONS: M/S, INSOMNIA, BLADDER DYSFUNCTION, SCOLIOSIS,

MEDICATIONS: ALPRAZOLAM, VARIOUS VITAMINS AND SUPPLEMENTS

OTHER:

EYES GLASSY AND BLOODSHOT, UNSTEADY ON HER FEET, SWAYING, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH, ADMITTED TO DRINKING TWO BEERS AND A GLASS OF WINE (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0724
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C TWICE,
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

SCANNED
AUG 31 2017

SUBJECT: Brodley, Manguel CASE NUMBER: 171-170

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 Brooklyn Manguel of the 171-170

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) Brooklyn Manguel

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) Brooklyn Manguel

SCANNED
AUG 31 2017

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? 1000 1000

WHAT STREET OR HIGHWAY WERE YOU ON? Van Ness - 2nd St

DIRECTION OF TRAVEL? SW WHERE DID YOU START? Along

WHAT TIME DID YOU START? 11:00 am WHAT TIME IS IT NOW? 12:45 pm

WHAT IS TODAY'S DATE? 8/30/17 WHAT DAY OF THE WEEK IS IT? THU

WHAT COUNTY AND CITY ARE YOU IN NOW? Deerada Pentola Esh

WHEN DID YOU LAST EAT? 12:00 PM WHAT DID YOU EAT? Beef Stew / Veg.

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? *Reading, playing, eating*

HOW MUCH DO YOU WEIGH? 167 HAVE YOU BEEN DRINKING? 168 WHAT? 169

HOW MUCH? *2 Evers* WHERE? *Home* WITH WHOM? *Alone* *9/10/60*

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 AM AND YOUR LAST DRINK? 10:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? *one and a half*

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? HOW MUCH?

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? Homeless WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? M/S Back and various other

ARE YOU SICK OR INJURED? *Yes* WHAT'S WRONG? *Disabled*

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? ☒ No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Alprazolam WHEN? 10-11

DO YOU HAVE: EPI EPSY? 110 100%

EPILEPSY?	NO
GLASS EYE?	NO
FALSE TEETH?	YES
EAR INFECTION?	NO
INNER EAR TROUBLE?	NO
DIABETES?	NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Yes

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? SCANNED

INTERVIEWED _____ **AUG 31 2017**

SCANNED
AUG 31 2017

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

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

17120970

I, D/S Jacob Frey, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

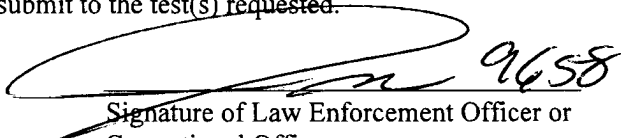
or affirm that on or about the 30 day of August, 20 17, at 0613 ☐ P.M. ☒ A.M.

DRIVER Margaret Noreen Bradley
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B634574649490, FL, state of Florida, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 30 day of Aug, 20 17, at 0836 ☐ P.M. ☒ A.M.
in Palm Beach County.

I requested that the driver submit to a ☒ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 30 day of Aug, 20 17,

by D/S Jacob Frey,
who is personally known to me or who has produced
known as identification

Notary Public 

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

SCANNED
AUG 31 2017

Florida Sunshine State

DRIVER LICENSE CLASS E

B634-574-64-948-6

MARGARET NOREEN
WHELEY


DOB: 01/01/1958
SEX: F
EYES: BRN
HAIR: BRN
HT: 5'00"
WT: 110
SSN: 123-45-6789

Margaret Wheley

ORGAN DONOR

SAFE DRIVER

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



NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 17120970

ARRESTING OFFICER: D/S Jacob Frey

ADDRESS: 3228 Gun Club Rd, WPB

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

CAN TESTIFY TO: person contact, SFST

NAME: D/S EXZABRION BARTON#7639

ADDRESS: 3228 Gun Club Rd, WPB

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

CAN TESTIFY TO: driving pattern, personal contact

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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