

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

| | | | | |
|---|---|--|---------------------------------------|--|
| OBTS Number | Agency Name Jupiter Police Department | | | Agency Report Number (N.T.A.'s only) 5 4 19-004061 |
| Agency ORI Number 0501700 | | | | |
| 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 | If Weapon Seized Enter Type NONE | | Multiple Clearance Indicator 1 | |
| Location of Arrest (Including Name of Business) 249 E INDIANTOWN RD JUPITER, FL 33477 | | Location of Offense (Business Name, Address) 249 E INDIANTOWN RD/JONATHAN DR, JUPITER, FL 33477 | | |
| Date of Arrest 09/08/2019 | Time of Arrest 22:43 | Booking Date 09/08/2019 | Booking Time 22:53 | Jail Date |
| Name (Last, First, Middle) GOODMAN, MELISSA ANNE Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____ | | | | |
| Race W - White B - Black I - American Indian O - Oriental/Asian W | Sex F | Date of Birth 09/16/1973 | Height 5'06 | Weight 148 |
| Eye Color BROWN | Hair Color BROWN | Complexion LIGHT | Build Thin | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Marital Status D | Religion CATHOLIC | Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |
| Local Address (Street, Apt. Number) 1619 16TH CT, JUPITER, FL 33477 | | (City) | (State) | (Zip) |
| Permanent Address (Street, Apt. Number) 1619 16TH CT, JUPITER, FL 33477 | | (City) | (State) | (Zip) |
| Business Address (Name, Street) | | (City) | (State) | (Zip) |
| D/L Number, State G355541738360 / FL | | Soc. Sec. Number | INS Number | Place of Birth (City, State) STUART, FL |
| Citizenship US | | Occupation Nurse | | |
| Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth |
| Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth |
| 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 Department and Released 2. TOT JAC 3. Incarcerated |
| Released To: (Name) | | Relationship | Date | Time |
| The above address was 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's Office (Phone 355-2526) informed of any change of address. | | School Attended | | Grade |
| Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property |
| Drug Activity S. Sell N. N/A P. Possess R. Smuggle D. Deliver T. Traffic K. Disperse/Distribute M. Manufacture/Product/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. Synthetic U. Unknown Z. Other | | |
| Charge Description DUI-DAMAGE TO PERSON/PROPERTY | | Statute Violation Number 316.193(3)(C)(1) | | Violation of ORD # |
| Drug Activity | Drug Type N | Amount / Unit | Offense # | Counts 1 |
| Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | | |
| Bond OR | | | | |
| Charge Description | | Statute Violation Number | | Violation of ORD # |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts |
| Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Warrant / Capias Number | | |
| Bond | | | | |
| Charge Description | | Statute Violation Number | | Violation of ORD # |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts |
| Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Warrant / Capias Number | | |
| Bond | | | | |
| Health / Apparent Physical Condition of Defendant | | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: | | |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail | | PROPERTY - Received By | | Released By |
| <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health | | Released To | | |
| Transported By | | Date Transported | Time Transported | Other |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court | | Location (Court, Room) North County PALM BEACH GARD | | No Photo Available |
| <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | Court Date and Time 10/16/2019 08:30:00 | | |
| 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) | | Date Signed | | |
| HOLD for Other Agency | | Signature of Agency Officer | | Name Verification (Printed by Arrestee) |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest | | Name of Agency Officer (Print) YOCHUM, CRAIG | | ID # 1185 |
| <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Transporting Officer OFC. C. YOCHUM | | Agency JPD |
| I.D. # | | Pouch # | I.D. # 383 | Agency JPD |
| Witness here if subject signed with an "X" | | | | |

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS

0510797

1262

SCANNED SEP - 9 2019

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

| | | | | |
|---|---|--|---|--|
| OBTS Number | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | Agency Report Number 5 4 19-004061 |
| 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 |
| Name (Last, First, Middle) GOODMAN, MELISSA ANNE | | | Alias | Race W |
| | | | | Sex F |
| | | | | Date of Birth 09/16/1973 |
| Charge Description | 316.193(3)(C)(1) DUI-DAMAGE TO PERSON/PROPERTY | | | |
| Charge Description | | | | |
| Victim's Name (Last, First, Middle) RUIZ GARCIA, ISAIAS | Race W | Sex M | Date of Birth 02/07/1997 | |
| Local Address (Street, Apt. Number) 309 3RD ST, JUPITER, FL 33458 | (City) | (State) | (Zip) | Phone (561) 768-6883 |
| Business Address (Name, Street) | (City) | (State) | (Zip) | Phone |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **8** day of **September**, **2019** at **22:43** (Specifically include facts constituting cause for arrest.)

On 09/08/2019 at approximately 2145 hours, I responded to the intersection of S.R. 706 (E Indiantown Rd.) and Intracoastal Pointe Dr. in the Town of Jupiter, Palm Beach County, FL in reference to a motor vehicle crash. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1916), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.

Upon arrival, I observed a white 2016 Nissan SUV bearing FL tag # GUXF71 stopped, facing northeast, in the middle of the intersection, blocking the inside and center through lanes of westbound S.R. 706. I observed a red 2016 Ford Mustang bearing FL tag # KRLR44 stopped in the intersection, facing westbound, blocking the inside westbound through lane of S.R. 706. The Mustang was to the east of the Nissan. I also observed a white 2014 Chevrolet sedan bearing FL tag # GMVU26 stopped, facing westbound, in the outside westbound lane of S.R. 706. The Chevrolet was stopped to the west of the aforementioned intersection.

I made contact with all 3 drivers of the vehicles and gathered the information necessary to complete the crash report (see crash report JPD Case # 19-004061) and made contact with one independent witness to the crash, who I identified by his valid Florida driver license to be Jefferson Brock (w/m; 06/24/1992). Brock advised he was traveling westbound on S.R. 706, behind the red Mustang, approaching the intersection with Intracoastal Pointe Dr. Brock stated the traffic control signal at the intersection displayed a solid green indicator light for westbound traffic. He advised he observed the white Nissan execute a left turn from eastbound S.R. 706, attempting to turn north onto Intracoastal Pointe Dr. when the front bumper of the Nissan struck the driver side of the Chevrolet. Brock advised he remained on scene and that nobody exited the Nissan until police arrived on scene.

SWORN AND SUBSCRIBED BEFORE ME

[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER, F.S. 9001
My Commission # FF 9068551
Expires Jun 25, 2020
Bonded through National Notary Assn.

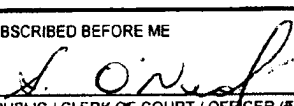

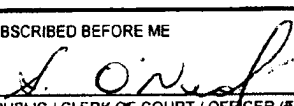

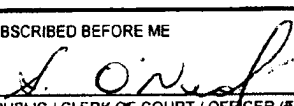

[Signature]
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

09/09/2019
DATE

09/09/2019
DATE

PAGE
1 OF 3

| | | | | | | | | |
|--|--|--|-----------------------|---|-----------------|------------------------------------|--|--|
| OBTS Number | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1 Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE | | |
| Agency ORI Number FL 0501700 | Agency Name JUPITER POLICE DEPARTMENT | Agency Report Number 5 4 19-004061 | | | | | | |
| Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other | | | | Special Notes: | | | | |
| Name (Last, First, Middle) GOODMAN, MELISSA ANNE | | | | Race W | Sex F | Date of Birth 09/16/1973 | | |
| <p>Officer Baynham advised me he was first on scene and made contact with a white female in the Nissan [identified to be Melissa Goodman (w/f; 09/16/1973) by her valid Class E Florida driver license]. When I made contact with Goodman, I observed she spoke with obvious dysarthria (slurred speech), had the odor of an unknown alcoholic beverage on her breath which intensified as she spoke, and had bloodshot/glassy eyes. Goodman was having mood swings and repeatedly apologized for what happened.</p> <p>During the crash investigation, I determined Goodman was traveling eastbound on S.R. 706, attempting to turn left (north) onto Intracoastal Pointe Dr. Based on the damage to all 3 vehicles, it appeared that the front of the Nissan struck the entire driver side of the Chevrolet, and that the Mustang shortly after collided with the passenger side doors of the Nissan.</p> <p>When the crash information was collected, I made contact with Goodman, advised the crash investigation was over, that I was starting a criminal DUI investigation, and read her her Miranda Warnings. It should be noted that Goodman was adamant that her last name was Connors (her maiden name), and I addressed her as "Ms. Connors" from this point on.</p> <p>Post-Miranda, Goodman advised she consumed 2 wines at "Dune Dog" just before the crash occurred and nothing to eat. When asked to estimate her level of impairment from 1 (being completely sober) to 10 (being the most intoxicated she had ever been in her life) and Goodman advised she was a 3. When asked if Goodman felt as though she was under the influence, she advised she was. When asked to complete Standardized Field Sobriety Tasks, Goodman asked what her options were. I advised Goodman of her Taylor Warnings (advising what would happen if she refused) and Goodman agreed to complete SFSTs. It should be noted that Goodman was advised of her Taylor Warnings multiple times during SFSTs, as she continually advised she was unable to finish tasks because she was nervous (see BWC).</p> <p>Goodman initially advised she did not have any medical issues other than an iron deficiency for which she periodically receives iron infusions and tachycardia. Throughout the course of SFSTs, Goodman began advising of more medical conditions (apparently providing excuses for her poor performance during certain tasks - knee surgery during One Leg Stand and Vertigo during the Finger to Nose). Goodman advised she takes Prilosec every morning. When asked if Goodman has ever been told she has nystagmus, she began explaining what an astigmatism is. I again asked about nystagmus and Goodman stated she had never been told she has it.</p> <p>I first conducted the Horizontal Gaze Nystagmus task. I confirmed Goodman did not have resting nystagmus, that her pupils were equal in size, and checked for equal tracking. Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and the Onset of Nystagmus prior to 45 Degrees was present in both Goodman's eyes. Vertical Gaze Nystagmus was not present.</p> | | | | | | | | |
| <table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER 09/09/2019 DATE </td> <td style="width:50%; vertical-align: top;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER YUCHUM, CRAIG (1185) NAME OF OFFICER (PLEASE PRINT) 09/09/2019 DATE </td> </tr> </table> | | | | | | | SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER 09/09/2019 DATE |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER YUCHUM, CRAIG (1185) NAME OF OFFICER (PLEASE PRINT) 09/09/2019 DATE |
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SHARI L. O'NEAL
 Notary Public - State of Florida
 Commission # FF 986854
 My Comm. Expires Jun 25, 2020
 Bonded through National Notary Assn

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

| | | | | |
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| Name (Last, First, Middle) GOODMAN, MELISSA ANNE | | | Alias | Race W |
| | | | Sex F | Date of Birth 09/16/1973 |

I next attempted to conduct the Walk and Turn task. I gave Goodman the instructions and she repeatedly broke her feet from the starting position before the instructions were completed. Goodman also began several times before being told. When advised to begin, Goodman attempted several times to walk, but continually stated she was unable to complete the task because she was nervous. On Goodman's first attempt, she was unable to take more than 2 steps without stating she was unable to continue because she was nervous. I concluded that Goodman was either unwilling or too intoxicated to perform the task and moved on. I came back to the WAT task after completing the remainder of SFSTs and Goodman's performance mirrored the aforementioned events.

During the One Leg Stand, Goodman was provided the entire instructions twice. Goodman first attempted to raise her left foot off the ground, but quickly lost her balance, placed her left foot on the ground to steady herself, and attempted with lifting her right foot. Goodman was unable to keep her foot off the ground for more than a few seconds, had to be reminded to count out loud (Goodman started counting at 1008), and swayed throughout the duration of the task.

Goodman demonstrated knowledge of her left and right arms prior to beginning the Finger to Nose task. On the first call of left, Goodman touched the pad of her finger to the bridge of her nose, between her eyes and opened her eyes. For the first call of right, second call of left, second call of right, and final call of right, Goodman touched the pad of her fingers to the tip of her nose. On the final call of right, Goodman also began raising her left arm before correcting herself. On the final call of left, Goodman touched the side of her left finger under her nose, touching her septum.

Goodman advised she held an Associate's Degree and was comfortable with the alphabet from A to Z. Goodman appropriately recited the alphabet during the Romberg Alphabet and was swaying from side to side throughout the duration of the task.

Due to Goodman's poor performance during SFSTs, I placed her under arrest and transported her to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation to ensure she did not ingest or regurgitate anything orally and requested she provide a lawful sample of her breath for the purpose of determining the alcohol content. Goodman agreed and provided two adequate breath samples of .182 and .191, both exceeding the legal limit of .08.

Due to the aforementioned facts resulting from my investigation, I find Probable Cause to charge Melissa Goodman with DUI - Damage to Property pursuant to FSS 316.193(3)(c)(1).

| | | |
|--|---|--|
| SWORN AND SUBSCRIBED BEFORE ME | SHARI L. SWEAL Notary Public - State of Florida Commission # FF 986834 My Comm. Expires Jun 25, 2020 Bonded through National Notary Ass'n | <i>[Signature]</i> J83 |
| NOTARY PUBLIC / CLERK OF COURT / OFFICER | YUCHUM, CRAIG (1185) | SIGNATURE OF ARRESTING INVESTIGATING OFFICER |
| 09/09/2019 | 09/09/2019 | NAME OF OFFICER (PLEASE PRINT) |
| DATE | DATE | |

WITNESS LIST

CASE NUMBER: 19-004061

ARRESTING OFFICER: Craig Yochum

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Officer Luke Baynham

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: Supplement

NAME: Jefferson Brock

ADDRESS 1028 Indian Trace Cir. # 207 Riviera Beach, FL 33407

PHONE NUMBERS (HOME) (561) 932-6407 (WORK) _____

CAN TESTIFY TO: Witness to Crash/Wheel witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

14

AGENCY: JPD Ofc. Yachon # 323

SUBJECT: Guadalupe, Melissa A. CASE NUMBER: 14-112431

DATE: 04-02-14 VIDEO TAPE NUMBER: 1

BEGINNING TIME: 2:43 PM ENDING TIME: 03:02 PM

BREATH TESTS RESULTS: 1) .132 TIME 2:55 A.M./P.M. 2) .141 TIME 2:58 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neil #6212

MAINTENANCE TECHNICIAN: Sp. Kunkle #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Low, Slurred, Mumbled

ATTITUDE: Emotional, Crying, Upset, Cooperative

CLOTHING: Dark-colored / Print

MEDICAL CONDITIONS: Allergic to several medications, Asthma on

MEDICATIONS: 1 Contrace.

OTHER: Eyes: Red, Blurry

Mouth: White residue / Curd-like

Strong odor of vomit and alcoholic beverage #323

COMMENTS: 20 min observation done by A/O Yachon

A/O requested the direct test.

D submitted to the request.

D had a little difficulty, but eventually completed

the test correctly.

CHW read the results.

D refused Q&A.

NOT A CERTIFIED COPY

**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: 80-006240 Software: 8100.27
Date of Test: 09/09/2019

Date of Last Agency Inspection: 08/16/2019

Observation Period Began: 23:26

Subject's Name: MELISSA ANNE GOODMAN

DOB: 09/16/1973 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 | 23:51 |
| | Air Blank | 0.000 | 23:51 |
| | Control Test | 0.081 | 23:52 |
| | Air Blank | 0.000 | 23:52 |
| | Subject Sample #1 | 0.182 | 23:55 |
| | Air Blank | 0.000 | 23:56 |
| | Air Blank | 0.000 | 23:58 |
| | Subject Sample #2 | 0.191 | 23:58 |
| | Air Blank | 0.000 | 23:59 |
| | Control Test | 0.079 | 23:59 |
| | Air Blank | 0.000 | 00:00 |
| | Diagnostics Check | OK | 00:00 |

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 SHARI L O'NEAL, 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: *S. O'neal* Date: 09-09-19
Signature

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

[Signature] #383 Ofc. Yochum #383
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.



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

PBSO CASE # 19-112931 PBSO ZONE 3-14

AGENCY CASE # 19-004061 CRASH CASE # 19-004061

TIME OF STOP/CRASH 2144 DATE 09/08/2019 DAY Sunday

SUBJECT'S NAME Goodman Melissa A RACE W SEX M
LAST FIRST MID

HGT 5'06" WGT 148 DOB 09/16/1973

LOCATION E Indiantown Rd./Jonathan Dr. Jupiter, FL 33477

ARRESTING OFFICER'S NAME & ID Craig Yochum # 383 AGENCY Jupiter PD

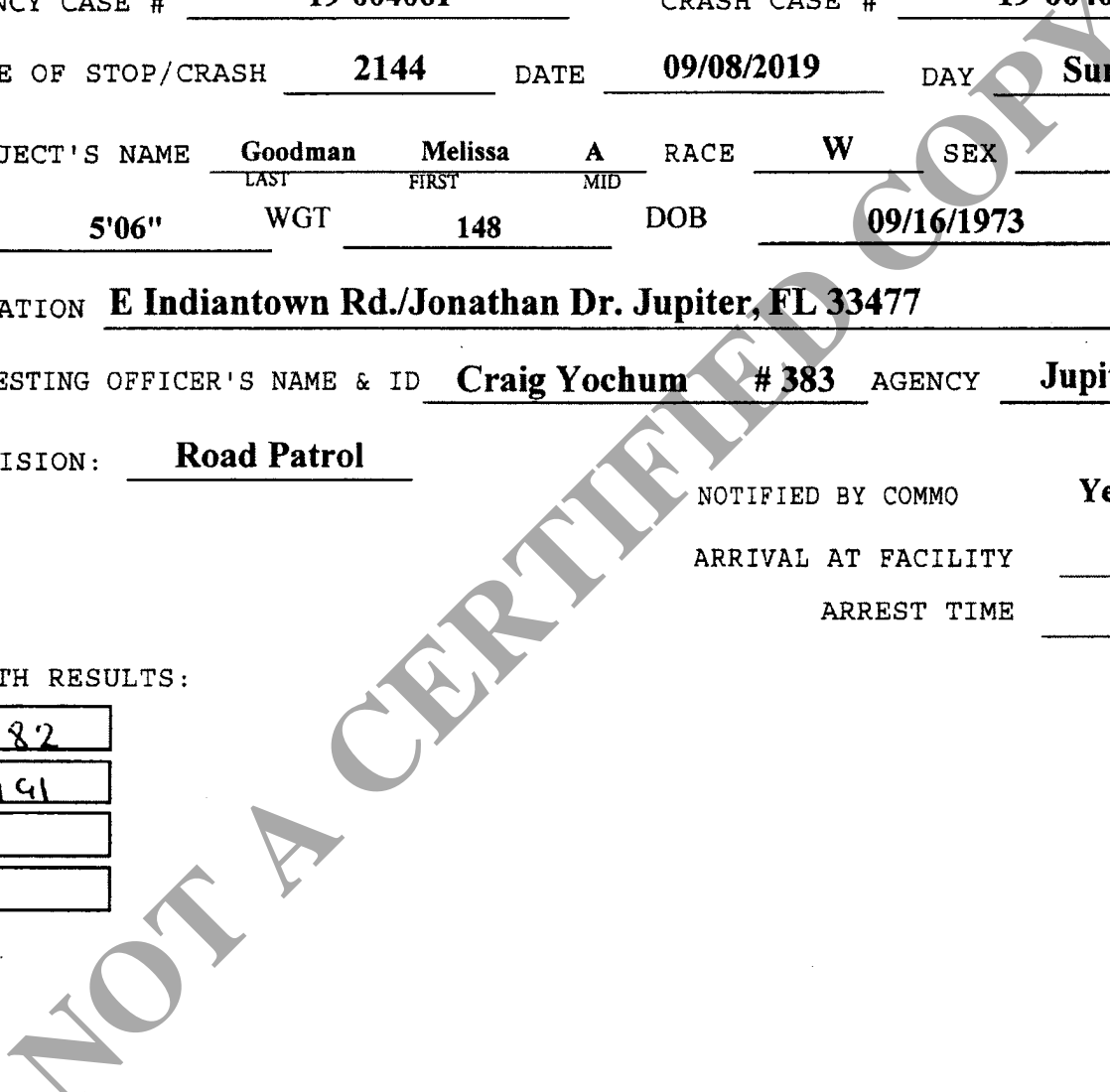
DIVISION: Road Patrol

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 2326
 ARREST TIME 2243

BREATH RESULTS:

- 1) .182
- 2) .191
- 3)
- 4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /



SUBJECT: MELISSA GOODMAN CASE NUMBER: 19-004061

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: MELISSA GOODMAN CASE NUMBER: 19-004061

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: Off Craig Yachum #585



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 | <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 checked="" type="checkbox"/> | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | <input type="checkbox"/> | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | 539.001 FS | Other: All records relating to pawnbroker transactions. | |
| | <input type="checkbox"/> | 119.0712(2) | Other: Personal information contained within a motor vehicle record | |

REVIEW COMPLETED BY

| | |
|----------------------------|----------------------------------|
| Booking Number: 2019029298 | Date: 09/09/2019 |
| | Specialist Name/ID: howardt/7185 |