

0509936

190714253

P#1323

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

01

Juvenile

N/A

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19-100008</b>	
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"/> B. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) <b>7118 S Military Trail, LakeWorth, FL 33463</b>		Location of Offense (Business Name, Address) <b>7118 S Military Trail, LakeWorth, FL 33463</b>					
Date of Arrest <b>08/03/2019</b>	Time of Arrest <b>03:17</b>	Booking Date <b>08/03/2019</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>7118 S Military Trail, LakeWorth, FL 33463</b>	
Name (Last, First, Middle) <b>Ludmer, Molly, B</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>10/19/1964</b>	Height <b>5'02</b>	Weight <b>165</b>	Eye Color <b>Hazel</b>	Hair Color <b>Red</b>	Complexion <b>Fair</b>
Build <b>Medium</b>				Mental Status <b>Single</b>			
Religion <b>NONE</b>				Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>				Residence Type <b>02</b>			
Local Address (Street, Apt. Number) <b>7873 Venture Centerway Apt7305, Boynton Beach, FL 33437</b>		(City) (State) (Zip)		Phone <b>(561) 344-7149</b>		Address Source <b>Verbal</b>	
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Occupation <b>Pharmacy Technician</b>	
Business Address (Name Street)		(City) (State) (Zip)		Phone			
D/L Number, State <b>L356542648790, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Englewood, New Jersey</b>	
Citizenship <b>U.S.</b>		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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Residence Phone		<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	
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 / OYS 3. Incarcerated	
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 355-2528) 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 S. Sell T. Traffic P. Possess		S. Sell 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/Denv.	
F. Paraphernalia/Equipment S. Synthetics		U. Unknown Z. Other		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
Charge Description <b>DUI</b>		Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity N		Drug Type N		Amount / Unit		Offense # <b>19-100008</b>	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) <b>South County Courthouse - 200 W Atlantic Ave, Delray Beach FL 33444</b>		Court Date and Time <b>Month August Day 26 Year 2019 Time 8:30 AM X PM</b>		Name Verification (Printed by Arrestee)		PAGE	
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 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) <i>Molly Ludmer</i>		Date Signed <b>08/03/2019</b>	
HOLD for other Agency Name		Signature of Arresting Officer <i>R. Dalton</i>		Name of Arresting Officer (Print) <b>D/S Ryan Dalton #32421</b>		ID # <b>32421</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer <b>D/S Ryan Dalton</b>		ID # <b>32421</b>	
Agency <b>PBSO</b>		Witness here if subject signed with an "X"		PAGE <b>01</b>		OF 01	

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias 1 Juvenile

ADMINISTRATIVE: OBTS Number, Agency ORI Number (FLO 5000000), Agency Name (PALM BEACH COUNTY SHERIFF'S OFFICE), Agency Report Number (19-0100008)

DEFENDANT: Name (Ludmer, Molly B), Race (W), Sex (F), Date of Birth (10/19/1964)

CHARGES: Charge Description (D.U.I. 316.193(1)(A)), Charge Description

VICTIM: Victim's Name, Local Address, Business Address, Race, Sex, Date of Birth, Address Source, Occupation

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... On the 03 day of August 20 19 at 0300 A.M.

On Friday August 03, 2019 at approximately 0255 hours I arrived at Majors Pub located at 7118 S Military Trl in Unincorporated Lake Worth 33463 in reference to an Individual under the influence of an Unknown Substance.

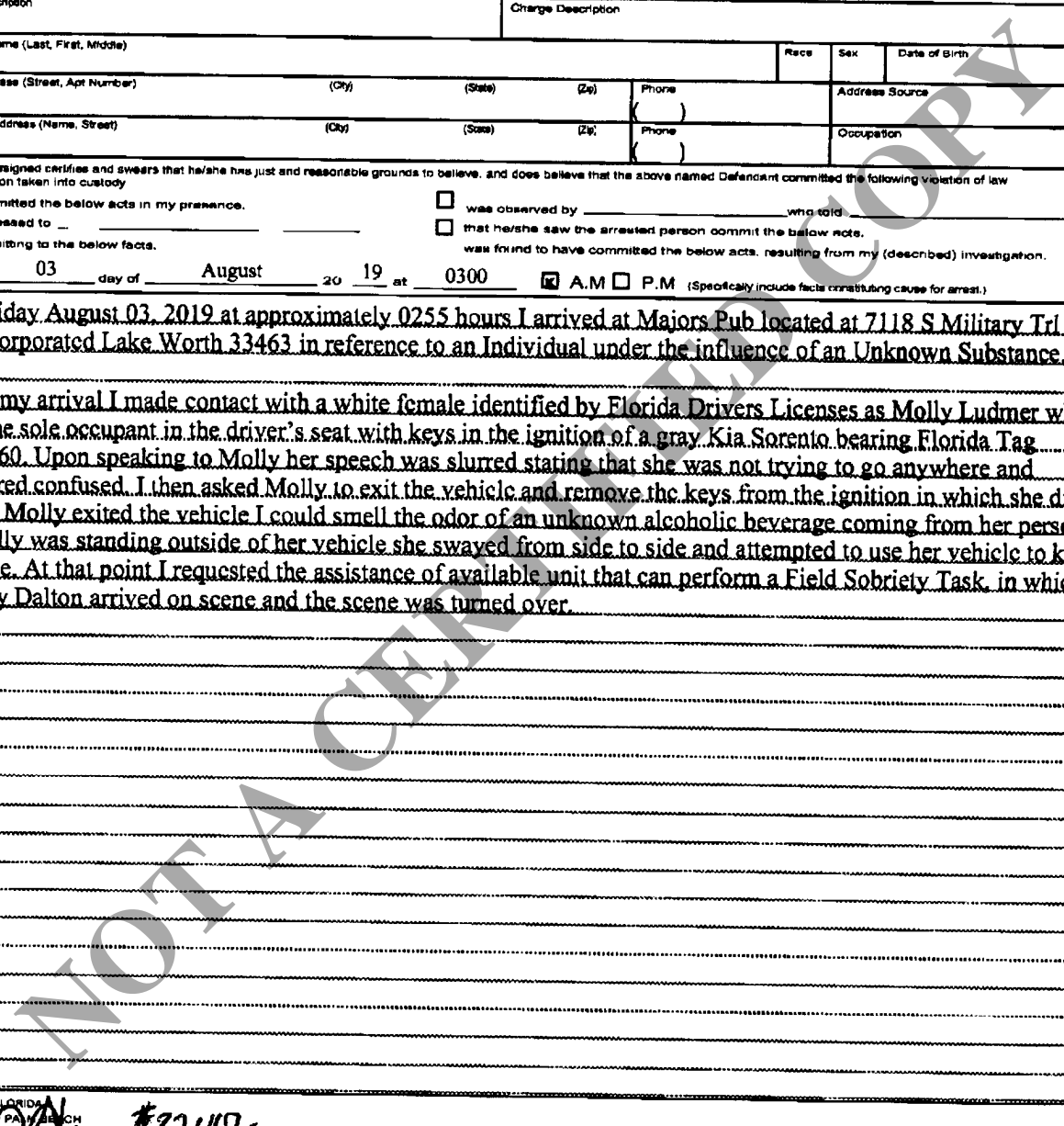
Upon my arrival I made contact with a white female identified by Florida Drivers Licenses as Molly Ludmer who was the sole occupant in the driver's seat with keys in the ignition of a gray Kia Sorento bearing Florida Tag INBT60. Upon speaking to Molly her speech was slurred stating that she was not trying to go anywhere and appeared confused. I then asked Molly to exit the vehicle and remove the keys from the ignition in which she did. While Molly exited the vehicle I could smell the odor of an unknown alcoholic beverage coming from her person as Molly was standing outside of her vehicle she swayed from side to side and attempted to use her vehicle to keep balance. At that point I requested the assistance of available unit that can perform a Field Sobriety Task, in which Deputy Dalton arrived on scene and the scene was turned over.

PROBABLE CAUSE STATEMENT (Large blank area for additional details)

STATE OF FLORIDA, COUNTY OF PALM BEACH, Signature of Arresting Investigative Officer (D/S ALLEN #32402)

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of August 20 19 by D/S ALLEN

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



Handwritten notes: 'DISPATCHED 32421', 'AUG 05 2019', 'SCANNED'

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ AT 02:45 \_\_\_\_\_ AM PM

SUBJECT: Ludmer, Molly, B CASE NUMBER: 19-100008

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Ryan Dalton #32421

## PERSONAL CONTACT

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

I was dispatched to a call of a possible sick or ill person in the parking lot of 7118 S. Military Trail, Lake Worth FL 33463 in unincorporated Palm Beach County. The caller continued to stay on the phone with dispatch relaying information myself and other deputies who were enroute. The caller advised that a white female wearing a white tank top was "passed out in the parking lot." The caller stated that she appeared to be under the influence and went on to describe that she had gotten into a Kia SUV and turned the vehicle on.

D/S O. Allen #32402 was first to arrive on scene and make contact with the white female. According to D/S Allen, he observed a white female sitting in the driver's seat of a KIA SUV, with the key in the ignition and the engine running. D/S Allen advised me that he observed a bottle of Fireball liquor in the center console along with other indicators of impairment, to include the odor of an unknown alcoholic beverage coming from her breath/mouth area and slurred speech. The driver was identified as Ms. Molly S. Ludmer via her Florida driver's license. She was asked to turn off the vehicle and step out of the vehicle (see supplemental probable cause affidavit).

### OBSERVATION OF DRIVER:

I arrived on scene shortly thereafter and observed who became known to me as Ms. Molly Ludmer standing next to the driver's side of a gray Kia SUV bearing Florida tag JNBT60. I introduced myself to Ms. Ludmer and began to speak with her. I observed that she appeared unsteady on her feet and was sweating profusely. Her speech was slurred, her eyes very bloodshot/watery, and there was a strong odor of an unknown alcoholic beverage coming from her breath/mouth area. While speaking to her, her responses were erratic and she kept saying that she didn't want to get in trouble, that she wasn't going to drive, and that it was very hot out. Based on my observations, the observations of D/S Allen, along with the initial caller, I asked Ms. Ludmer to perform field sobriety exercises. She agreed to attempt the exercise(s). Prior to beginning the exercises, I asked Ms. Ludmer if she had any medical problems; she stated that she did not. She also confirmed that she was not diabetic and was not taking and prescription medication.

### DRIVER'S STATEMENTS:

She made numerous comments during my interaction with her that she didn't want to get in trouble, that she won't drive, that she couldn't do the exercises even if she was "sober", and that she was not athletic.

### ODORS:

Strong odor of an unknown alcoholic beverage coming from her breath/mouth area.

## GENERAL OBSERVATIONS

SPEECH: Slurred/mumbled. Also fast at times.

ATTITUDE: Polite, excited, apologetic

CLOTHING: White T-Shirt, Dark blue shorts, white sneakers

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

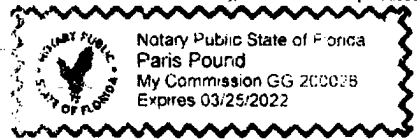
D/S Ryan Dalton #32421

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of August 2019 by D/S Ryan Dalton #32421

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)



WINE  
0526  
SCANNED  
AUG 05 2019

SUBJECT: Ludmer, Molly, B

CASE NUMBER 19-100008

**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 eyes appeared very bloodshot and watery. Her speech was slurred/mumbled and as she spoke to me, I could smell the strong odor of an unknown alcoholic beverage coming from her breath/mouth area. During the exercise she exhibited a sway as she stood in front of me.

**WALK & TURN:**

The next exercise I asked Ms. Ludmer to perform was the Walk & Turn. The area where the exercise was performed as level, clear of debris, and used a clearly marked yellow line (duct tape). I explained and demonstrated the exercise to Ms. Ludmer; she acknowledged that she understood. Ms. Ludmer continued to interrupt me as I tried to explain the exercise; saying that she was hot and that she was not athletic. She repeatedly said that she did not have good balance. While trying to get into the starting position, she repeatedly stepped off the line and would not stand as instructed (left foot on line with right foot directly in front). During the course of the exercise I observed that following clues of impairment: could not keep balance while listening to instructions; she attempted to start prior to being told to do so; she missed numerous heel-to-toe steps when walking both directions; she stepped off the line; she used her arms for balance by raising them away from her side; and she incorrectly performed the turn-around. I also observed that after turning around, she stopped and acted as if the exercise was over. She went from making comments about how she was not athletic, to how she felt she did ok on the exercise, then to saying that she couldn't do the exercise(s) if she was sober. She appeared very unsteady on her feet and she had a very difficult time focusing and following instructions.

**ONE LEG STAND:**

The next exercise I asked Ms. Ludmer to perform was the One-Leg Stand. The area was level and clear of debris. Prior to beginning the exercise, she made comments about not wanting to continue. I repeatedly informed her that I was not mandating that she attempt them and that she was allowed to refuse the exercise. I also provided her with her "Taylor" warnings; letting her know that not attempting the exercises would force me to make a decision based on the indicators of impairment that I had seen thus far and that she could likely be arrested. Ms. Ludmer stated that she would continue to attempt the exercise(s). I went on to explain and demonstrated this exercise to Ms. Ludmer who confirmed that she understood. During the exercise I observed the following clues of impairment: she swayed while balancing; she used her arms for balance; and she put her foot down numerous times. I also observed that she switched her foot towards the end of the exercise, she kept her knees bent, and was very unsteady while trying to balance.

**FINGER TO NOSE:**

I then asked Ms. Ludmer to perform the Finger to Nose exercise. I explained the exercise to Ms. Ludmer after which she confirmed that she understood my instructions. During her attempt at the exercise I observed the following: she cracked her eyes open during the exercise and she missed the tip of her finger to the tip of her nose (twice). She also appeared to have a sway and she tried to keep her head tilted back.

**MODIFIED ROMBERG:**

The last exercise I asked Ms. Ludmer to perform was the Modified Romberg exercise. For this exercise I asked that she stand with her feet together and her hands by her side. I then instructed Ms. Ludmer that for the exercise, she would need to tilt her head back, close her eyes, and estimate the passage of 30 seconds in her head. Once that time had elapsed, to lean her head forward, open her eyes, and say "Stop" to indicate to me that she was done. When she performed that exercise I observed that approximately 13 seconds elapsed when she said opened her eyes and tilted her head forward. I observed that her eyes, while closed, had a visible tremor and that she swayed while standing.

**BREATH TEST RESULTS:**      SNM                      .125                      .131

STATE OF FLORIDA  
COUNTY OF PALM BEACH

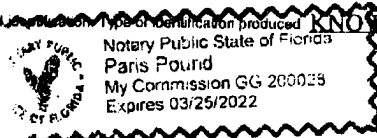
**D/S Ryan Dalton #32421**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of August 2019 by D/S Ryan Dalton #32421

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

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



# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: LUDMER, MOLLY B

CASE NUMBER: 19-100008

DATE: 08/03/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 04:13

ENDING TIME: 04:40

BREATH TESTS RESULTS: 1) SNL .120 TIME 04:24 A.M./P.M. 2) .125 TIME 04:27 A.M./P.M.

3) .131 TIME 04:30 A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. POUND # 24637

MAINTENANCE TECHNICIAN: T. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW

ATTITUDE: CALM, QUIET / TALKATIVE

CLOTHING: BIVE JEAN SHORTS; <sup>RED</sup> WHITE / <sup>GRAY</sup> SHIRT, <sup>BLACK</sup> WHITE SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY + BLOODSHOT

D. STATED SHE HAD "FIRE BALL" IN QTA.

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20  
MINUTE OBSERVATION PERIOD AT 03 50 HRS.

A. WHAT HAPPENS IF I DON'T

A/O. READ I/C

D. STATED "SOMEWHAT" SHE UNDERSTOOD I/C

A/O. EXPLAINED I/C, THEN D. AGREED TO TAKE TEST

D. REFUSED TO FOLLOW INSTRUCTIONS CORRECTLY  
KEPT STOPPING AND STARTING. 1<sup>ST</sup> SAMPLE SNL

A/O. READ RIGHTS D. STATED SHE UNDERSTOOD RIGHTS

TECH. READ TEST RESULTS D. STATED SHE UNDERSTOOD TEST

A/O. CONDUCTED QTA RESULTS

D. ANSWERS QUESTIONS

SUBJECT: LUDMAK, MOLLY B CASE NUMBER: 19-1000 GA

## 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 DLB Ryan Dalton of the Palmer Beach County Sheriff's Office

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) \_\_\_\_\_

Ryan Dalton

## 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) \_\_\_\_\_

Ryan Dalton

SUBJECT: LUDMER, MOLLY B CASE NUMBER: 19-100008

### 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 (I don't know)

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? 102nd St

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? 1-14 WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? NY

WHEN DID YOU LAST EAT? 11:30 WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? 115 HAVE YOU BEEN DRINKING? Yes WHAT? 1 beer

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:30 AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at a bar

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

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

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Pharmacist WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ 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? No WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:	EPILEPSY?	<u>No</u>
	GLASS EYE?	<u>No</u>
	FALSE TEETH?	<u>No</u>
	EAR INFECTION?	<u>No</u>
	INNER EAR TROUBLE?	<u>No</u>
	DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? NY

INTERVIEWER: \_\_\_\_\_

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 08/03/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 03:50

Subject's Name: MOLLY B LUDMER

DOB: 10/19/1964 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	04:20
Air Blank	0.000	04:20
Control Test	0.079	04:20
Air Blank	0.000	04:21
Subject Sample #1	SNL*	04:24
Air Blank	0.000	04:25
Air Blank	0.000	04:27
Subject Sample #2	0.125	04:27
Air Blank	0.000	04:28
Air Blank	0.000	04:29
Subject Sample #3	0.131	04:30
Air Blank	0.000	04:31
Control Test	0.078	04:31
Air Blank	0.000	04:31
Diagnostics Check	OK	04:31

\*Slope Not Level (0.120 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 PARIS D POUND, 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: 08/03/19  
Signature

Sworn to (or affirmed) before me this 3rd day of AUGUST, 2019

[Signature] Signature of Notary Public-State of Florida  
D/S R. DALTON 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.

# WITNESS LIST

CASE NUMBER: 19-100008

ARRESTING OFFICER: D/S Ryan Dalton #32421

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-4860

CAN TESTIFY TO: Contact with suspect, initial indicators of impairment, SFSE's, arrest, breath test

NAME: D/S O. Allen # 32402

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 688-4860

CAN TESTIFY TO: Ms. Ludmer behind the wheel with key in ignition and engine running. Indicators of impairment

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) \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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# 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/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"/>	(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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019025359	Date: 08/04/2019
	Specialist Name/ID: AM/31562