

0511331

2019 CT 18124 AMB

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- 19120186																
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		Weapon Seized / Type 2. Yes 1. No N/A		Multiple Clearance Indicator 1					
Location of Arrest (Including Name of Business) OKEECHOBEE BLVD/ CONGRESS AVE WEST PALM, FL, 33409						Location of Offense (Business Name, Address) OKEECHOBEE BLVD/ CONGRESS AVE WEST PALM, FL, 33409															
Date of Arrest 09/28/2019		Time of Arrest 04:10		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) DE CHABERT MORGAN ELIZABETH										Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 11/25/1995		Height 5'3		Weight 130		Eye Color GREEN		Hair Color BLONDE		Complexion MED		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single		Religion NONE		Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Indication of Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Local Address (Street, Apt. Number) 7110 OKEECHOBEE BLVD APT 6114 WEST PALM/ FL/ 33411				(City)		(State)		(Zip)		Phone (561) 972-1001		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2							
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source FL DL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation SERVER									
D/L Number, State D216545959250				Soc. Sec. Number				INS Number				Place of Birth (City, State) BOONE, NC		Citizenship YES							
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence 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 <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. Amphetamines		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Pyropharmacia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)				Violation of ORD #											
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 19120186		Warrant / Capias Number				Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406																					
Court Date and Time Month 10 Day 24 Year 2019 Time 0830 AM <input checked="" type="checkbox"/> 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										09/28/2019											
Signature of Defendant (for Juvenile and Parent/Guardian)										Date Signed											
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)													
Offense Agency Thomas				Transporting Officer INV. G. LYNCH 8568				ID # 8568 Agency PBSO													
Witness here if subject signed with an -X-										PAGE 1 of 1											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF SEPT 20 19, AT 03:51 AM PM

SUBJECT: DE CHABERT MORGAN ELIZABETH CASE NUMBER: 19120186

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 9/28/19 while on routine patrol I observed a white Toyota Corolla, bearing FL tag DJDS53, traveling west on Okeechobee Blvd, east of Congress Ave. I visually estimated the speed of the vehicle to be 65mph-70mph in the posted 45mph zone. I activated my in-car radar and got a speed reading of 67mph, with a steady Doppler tone. I got behind the car and conducted a traffic stop for the infraction. I made contact with the driver, Morgan De Chabert, the sole occupant of the car.

OBSERVATION OF DRIVER:

I made contact with the driver, Morgan De Chabert, the sole occupant of the car. Prior to approaching the driver window I could smell the odor of an unknown alcoholic beverage coming from the car. I noticed that Morgan's eyes were glassy and bloodshot. Morgan stated that she was coming from Batch, restaurant/bar, where she works. Morgan claimed that she had not had any alcohol. I had Morgan exit her car and stand in front of my patrol car. Upon exiting Morgan leaned against her vehicle for support. I then could smell the odor of an unknown alcoholic beverage coming from Morgan's breath, which got stronger when she spoke. Based on my observations I asked Morgan to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Morgan initially denied drinking any alcohol but later stated she had been drinking.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm/ Cooperative

CLOTHING: gray shirt/ blue jeans/ black shoes

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

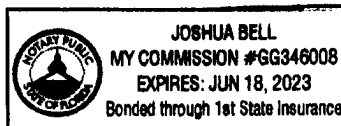
INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of SEPT 20 19 by INV. G. LYNCH 8568

(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)



SUBJECT DE CHABERT

MORGAN

CASE NUMBER 19120186

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:

Morgan was asked to stand with her feet together and place her hands by her sides. Morgan was asked to focus on the stimulus and follow it with her eyes. Morgan was told not to move her head to assist in following the stimulus. Morgan showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I estimated the angle of onset to be 30-35 degrees. I observed vertical nystagmus in both of Morgan's eyes. Morgan exhibited a slight orbital sway during the task. I had to remind Morgan to follow the stimulus during the task.

WALK & TURN:

I utilized yellow duct tape to make a straight level line, free of debris, that Morgan advised she could see. I explained and demonstrated the task to Morgan. During the instructions Morgan failed to maintain the instructional stance, stepping out of the position, several times. Morgan attempted to begin the task prior to being instructed to do so. After completing the instructions Morgan advised she understood and had no questions. During the task Morgan missed heel-to-toe steps twice. Morgan stepped off the line. Morgan took the incorrect number of steps, taking 11 steps down and 11 steps back. Morgan did not turn as instructed, spinning around, not taking small steps.

ONE LEG STAND:

I explained and demonstrated the task to Morgan. After completing the instructions Morgan advised he understood and had no questions. During the task Morgan exhibited an orbital sway. Morgan had to be reminded to look down at her foot. Morgan put her foot down prior to 30 seconds elapsing.

FINGER TO NOSE:

I explained and demonstrated the task to Morgan. After completing the instructions Morgan advised she understood and had no questions. During the task Morgan missed touching the tip of her nose almost every time, and used the pad of her finger to touch her nose. Morgan failed to return her hand to her side, even after being reminded, multiple times to bring her hand down after touching her nose. Throughout the task Morgan exhibited an orbital sway.

ROMBERG ALPHABET:

Prior to beginning Morgan confirmed she knew the entire alphabet, in order, without issue. I explained and demonstrated the task to Morgan. After completing the instructions Morgan advised she understood and had no questions. During the task Morgan exhibited an orbital sway.

BREATH TEST RESULTS: 1) .195 2) .189 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

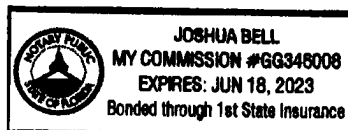
INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of SEPT 2019 by INV. G. LYNCH 8568

(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)



WITNESS LIST

CASE NUMBER: 19120186

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: DE CHABERT, MORGAN E

CASE NUMBER: 19-120186

DATE: 09/28/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0507

ENDING TIME: 0518

BREATH TESTS RESULTS: 1) .195 TIME 0511 A.M./P.M. 2) .189 TIME 0514 A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, CRYING, POLITE,

CLOTHING: GREY V-NECK TEE SHIRT, BLUE JEANS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT, WATERY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0424 HRS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

AND INVOKED HER RIGHT TO REMAIN SILENT

SUBJECT: DE Chabert, Morgan E CASE NUMBER: 19-120186

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: DE Chabert, Morgan E CASE NUMBER: 19-120186

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: INV. Lynch # 8568

PALM BEACH COUNTY SHERIFF'S OFFICE

3228 GUN CLUB ROAD

WEST PALM BEACH, FL 33406-3001

WRITTEN WARNING

NOTICE OF ILLEGAL OR FAULTY EQUIPMENT

Date/Time: SATURDAY 09/28/2019 03:54 AM

VIOLATOR

First Name: MORGAN Middle: ELIZABETH
Last: DE CHABERT DOB: 11/25/1995
Address: 7110 OKEECHOBEE BLVD APT 6114
City: WEST PALM BEACH State: FL Zip: 33411
Telephone: Race: W Sex: F Hgt: 503
DL #: D21654595250 DL State: FL Lic. Expires: 2027
Type: E Diff. Addr. on DL: N

REGISTRATION

Yr. Veh: 2015 Veh. Tag: DJD953
Color: WHI Yr. Tag Expires: 20 State: FL
Make: TOYT Style: 4D

LOCATION

Upon a Public Street or Highway or Other Location Namely:
OKEECHOBEE BLVD/ CONGRESS AVE

VIOLATION

Did unlawfully commit the following Offense
UNLAWFUL SPEED

NOTE: FOR EQUIPMENT VIOLATIONS PLEASE FOLLOW INSTRUCTIONS ON THE FOOTER

THIS IS A WARNING ONLY
THIS IS NOT A CITATION AND NO FINE IS ASSESSED

I HEREBY ACKNOWLEDGE RECEIPT OF THIS WARNING AND UNDERSTAND THAT
THIS WARNING IS ISSUED IN LIEU OF A UNIFORM TRAFFIC CITATION.

SIGNATURE OF DRIVER [Signature]

D/S: LYNCH I.D.#: 8568

CERTIFICATION OF CORRECTION

I CERTIFY THAT THE EQUIPMENT ON THE VEHICLE DESCRIBED HEREIN AS
INDICATED HAS BEEN TESTED AND, OR CORRECTED, AND UPON THIS DATE
COMPLIES WITH THE REQUIREMENTS OF THE TRAFFIC LAWS OF FLORIDA.

DATE: 20 HOURS: A.M. / P.M.

SIGNED: Party Making Correction

Address:

IMPORTANT: This Notification With Proper Certification Above is To Be Mailed Or
Delivered To The Officer Indicated Within 48 Hours.

PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681

FAILURE TO COMPLY WITH THIS NOTICE COULD RESULT IN A NON-CRIMINAL
INFRACTION BEING ISSUED.



FLORIDA DUI UNIFORM TRAFFIC CITATION A2GCZYP

County of Palm Beach, Agency # A2350, Complaint (Retained by Court), Date of Arrest 9/28/19, Driver License # D21654595250, Vehicle # DJD 353, Violation: UNLAWFUL SPEED.

Did unlawfully commit the offense of driving under the influence of alcoholic beverages, chemical or controlled substances...

Aggravated Driver, Passenger, State Statute, Section 316.193(1), Criminal Violation, Court Appearance Required.

10/24/19 8:30 AM, 3228 Gun Club Rd., West Palm, FL, 33406

Signature of Violator [Signature]

Effective immediately, your driving privilege is suspended/disqualified for:

- Driving with an unlawful blood or breath alcohol level. This suspension is for a period of six months if this is the first violation or one year if previously suspended...
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...

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 90th day following the date of suspension.

At the 951-677-5800 Bureau of Administrative Reviews Office, you may request, within 10 days after the date of suspension, a review of suspension...

Signature of Officer: [Signature] 8568, Rank: SGT, Troop Unit: DUI

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: 09/28/2019

Date of Last Agency Inspection: 09/13/2019

Observation Period Began: 04:24

Subject's Name: MORGAN E DE CHABERT

DOE: 11/25/1995 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	05:10
	Air Blank	0.000	05:10
	Control Test	0.080	05:10
	Air Blank	0.000	05:11
	Subject Sample #1	0.195	05:11
	Air Blank	0.000	05:12
	Air Blank	0.000	05:14
	Subject Sample #2	0.189	05:14
	Air Blank	0.000	05:15
	Control Test	0.080	05:15
	Air Blank	0.000	05:16
	Diagnostics Check	OK	05:16

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 JOSHUA J BELL, 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: 09/28/19

Sworn to (or affirmed) before me this 28 day of September, 2019

Signature of Notary Public-State of Florida

INV. G. Lynch # 8568
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 – 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 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"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	33119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019031646	Date: 09/28/2019
	Specialist Name/ID: M. Tooks #8557