0460026

2181

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 | N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19028883

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1 (1. Yes 2. No) | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
15703 69th DR N, West Palm Beach, FL 33418	15703 69th DR N, West Palm Beach, FL 33418

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/23/2019	0108					15703 69th DR N, West Palm Beach, FL 33418

DEFENDANT

Name (Last, First, Middle): **Freedman, Samantha, Jo** | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	1/21/1982	5'06	160	blue	blonde	light	medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None | Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☐ N ☒ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State	Address Source
21280 Sawmill Ct, Boca Raton, FL 33498	(305) 332-3422	1	Verbal
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone		
21280 Sawmill Ct, Boca Raton, FL 33498	( )		
Business Address (Name, Street) (City) (State) (Zip)	Phone		Occupation
	( )		General Manager

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F7301687715 1824, NJ	[redacted]		Morristown, NJ	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: | Name (Last) (First) (Middle) | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone ( )

OR

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 ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/ Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/ Equipment, S. Synthetics, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence w/ Property Damage	1	☐ Y ☒ N	316.193(3)(c)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
U	U	n/a	19028883		

1

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

RECEIVED JAN 24 2019 WB

NOTICE TO APPEAR

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 Feb Day 11 Year 2019 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) | Date Signed: 01/23/2019

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): INV. Jacob Frey | I.D. #: 9658 | (PRINT)

Intake Deputy: SANN 6101 I.D. # | Pouch # | Transporting Officer: INV. Jacob Frey | ID #: 9658 | Agency: PBSO | Witness here if subject signed with an X

PAGE OF

2019 JAN 23 PM 8:39

DISTRIBUTION: WHITE - COURT COPY | GREEN - STATE ATTORNEY | YELLOW - AGENCY | PINK - AGENCY | GOLD - DEFENDANT (N.T.A. ONLY)

PBSO #148 REV. 8/97

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2019CT1521

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE Jan DAY OF 22 20 19, AT 2341 AM ✓ PM

SUBJECT: Freedman, Samantha, Jo CASE NUMBER: 19028883

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. Jacob Frey

PERSONAL CONTACT

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

On 23Jan19 at approximately 0019hrs I arrived in the area of 15703 69th DR N, West Palm Beach, in unincorporated Palm Beach County, in reference to a traffic crash.

Upon arrival I spoke to Firefighter Lorenzo (32738) and Firefighter Olavarria (13878) from Palm Beach County Fire Rescue Station 16. They stated they were dispatched to a traffic crash at the north end of 69th Dr N. Upon their arrival they observed a white 4 door SUV in the drainage ditch. They told me the vehicle did not appear to be running but was on (lights on the dash and interior). They observed a white female in the driver's seat, she was later identified by her New Jersey Driver's license as Samantha Freedman. They stated they had to cut away the airbags to get her out of the vehicle. They both had to assist the driver out of the vehicle. They both completed signed sworn statements.

OBSERVATION OF DRIVER:

I then made contact with Samantha. Her eyes were watery and bloodshot. Her pupils were dilated. She was unsteady on her feet and stumbled when she walked. I could smell the odor of an unknown alcoholic beverage coming from her breath. Her face was flush. Her speech was slurred and raspy.

DRIVER'S STATEMENTS:

Post-Miranda she told me she was driving the vehicle. She stated she was driving south on "441". She state there was a car in front of her that swerved and she had to swerve to avoid a collision. It is to be noted the crash occurred on a single lane dirt access rd adjacent to a canal. She told me she was "taking a friend out whose father just died." She told me she was drinking "wine" with her "team" at somewhere in City Place. She stated she started drinking at 8pm and finished at 10pm. She drank 3 glasses of wine.

ODORS:

Odor of an unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: **Slurred and raspy**

ATTITUDE: **Cooperative, relaxed, disoriented, confused,**

CLOTHING: **Green sweater, black jeans, black shoes (flat soles)**

MEDICAL/OTHER: **None stated**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of Jan 20 19 by INV. Jacob Frey

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

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

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

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SUBJECT: Freedman, Samantha, Jo CASE NUMBER 19028883

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Her eyes were watery and bloodshot. Her pupils were dilated. She had equal tracking and equal pupil size. Her body swayed and she had to widen her stance to maintain her balance. She didn't have Vertical Gaze Nystagmus (VGN) or Lack of Convergence (LOC).

WALK & TURN:

I instructed and demonstrated the walk and turn; she acknowledged she understood. She began walking before instructed to do so. She could not maintain the instructional stance and had to step off the line to maintain her balance. She walked 24 steps forward, failing to maintain heel to toe on almost every step and stepped off the line several times. She turned in correctly. She walked 26 steps back, failed to maintain heel to toe on every step and stepped off the line several times. The task was completed on a dry and level surface (hard packed dirt) using a painted line.

ONE LEG STAND:

I instructed and demonstrated the one leg stand; she acknowledged she understood. She hesitated to start. She placed her right foot down several times. She wobbled on her left leg. Near the end of the task she placed her right foot down and did not pick it back up. Her body swayed. She did not count out loud as instructed. The task was completed on a dry and level surface (hard packed dirt).

FINGER TO NOSE:

I instructed and demonstrated the finger to nose; she acknowledged she understood. Her body swayed during the task. On each of the commands she used the pad of her finger to touch the bridge and side of her nose. During the task she tilted her head forward and opened her eyes. On several of the commands I had to remind her to place her hand back down to her side. The task was completed on a dry and level surface (hard packed dirt).

ROMBERG ALPHABET:

She told me she has a Bachelor's degree in art and English is her primary language. Her body swayed. She did not tilt her head back and had opened her eyes during the task. She completed the alphabet and recited part of the alphabet song: "now I know my ABC's". The task was completed on a dry and level surface (hard packed dirt).

I instructed the modified Rhomberg. She acknowledged she could estimate 30 seconds. Her estimate of 30 seconds was approximately 35 seconds. She did not tilt her head back and did not count out loud as instructed. Her body swayed and she had to widen her stance to maintain her balance. The task was completed on a dry and level surface (hard packed dirt).

BREATH TEST RESULTS: .215 .217

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of Jan 20 19 by INV. 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)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19028883

ARRESTING OFFICER: INV. Jacob Frey

ADDRESS: 3228 Gun Club Rd, WPB

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

CAN TESTIFY TO: personal contact, SFSTS

NAME: Firegfighter Lorenzo #32738

ADDRESS: PBCFR 3550 Milirary Trail, Jupiter, FL 33458 (Station 16)

PHONE NUMBERS (HOME) _____ (WORK) 561-616-7000

CAN TESTIFY TO: Physical control, personal contact

NAME: Firefighter Olavarria #13878

ADDRESS PBCFR 3550 Milirary Trail, Jupiter, FL 33458 (Station 16)

PHONE NUMBERS (HOME) _____ (WORK) 561-616-7000

CAN TESTIFY TO: Physical control, personal contact

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO-FREY

SUBJECT: FREEDMAN, SAMANTHA J

CASE NUMBER: 19-028883

DATE: Jan 23, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0216

ENDING TIME: 0235

BREATH TESTS RESULTS: 1) .215 TIME 0222 A.M. ☒ P.M. ☐ 2) .217 TIME 0225 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, SOMEWHAT SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: GREEN SHIRT, BLACK PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, WATERY
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0155
SUBJECT REFUSED THE TEST INITIALLY
IMPLIED CONSENT WAS READ TO THE SUBJECT 2X
SUBJECT ADVISED SHE WOULD SUBMIT TO THE TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
MIRANDA WAS READ TO THE SUBJECT
RESULTS WERE GIVEN TO THE SUBJECT
SUBJECT SUBMITTED TO THE QUESTIONS ASKED

NOT A CERTIFIED COPY

SUBJECT: Freedman, Samantha J CASE NUMBER: 19-028883

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 Inv Frey of the PBSO.

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) Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

NOT A CERTIFIED COPY

SUBJECT: Freedman, Samantha J CASE NUMBER: 19-028883

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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 441

DIRECTION OF TRAVEL? S WHERE DID YOU START? W. Palm Beach

WHAT TIME DID YOU START? 1030 PM WHAT TIME IS IT NOW? NO

WHAT IS TODAY'S DATE? 23rd WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County

WHEN DID YOU LAST EAT? 8pm WHAT DID YOU EAT? Little snacks

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? working

HOW MUCH DO YOU WEIGH? I Don't Know HAVE YOU BEEN DRINKING? Yes WHAT? wine

HOW MUCH? 3 glasses WHERE? Somewhere in City Place WITH WHOM? My Team

WHEN DID YOU HAVE YOUR FIRST DRINK? 8pm AND YOUR LAST DRINK? 10pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? over the course of the hour

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? General manager WHEN DID YOU LAST WORK? 5 hrs ago

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT?

ARE YOU SICK OR INJURED? NO WHAT'S WRONG?

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? crash

WERE YOU IN AN ACCIDENT TODAY? Yes

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

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? NJ

INTERVIEWER: Ino J. Frey 9658

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

PBSO #0129C REV. 9/93

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PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19028883	3-15	Samantha Freedman	5-1

EVENT TYPE:	DEPUTY:	ID#:
DUI Crash	Juv. J. Frey	9652

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Lorenzo	32738 PBCFR ST 16			

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
~~6616~~			

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
3550 Military Trail	Jupiter	FL	33458

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
(561) 616-7000	( )	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: Lorenzo 32738 PBCFR ST 16 — DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Came upon a White 4 door SUV in the drainage ditch. 360 showed that the vehicle was aprox 10 yards from the road stuck in the sand. Vehicle did not appear to be running. I went over to the front passenger side and cut away the air bags while my officer opened the drivers side. I checked to see that no one else was in the vehicle. I then went to the passenger side and assisted the driver out of the vehicle and up the hill and turned care over to awating rescue.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 5/29/19 TIME: ____ ID# 8976

SIGNATURE:

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

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

PBSO #0134 REV. 12/11

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PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19028883	ZONE: 3-15	SUSPECT: S. Freedman	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5-1
EVENT TYPE: DUI Crash	DEPUTY: Inv J. Frey	ID#: 9658	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Olavarria #13878				

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
PBSFR 3550 Military Trl. Jup. FL 33458	Jupiter	FL	33458

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
(561) 616 7000	( )	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I **YOUR NAME:** Olavarria 13878

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

On arrival as Captain of E16 found 1 patient sitting in driver seat of car in ditch next to road. Crew approached car and found one female sitting in driver seat with no complaints. Patient was removed from car and turned over to R16 for evaluation

NOT A CERTIFIED COPY

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X 13878

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/29/19 TIME:

SIGNATURE: ID 2896

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

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

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19028883	ZONE: 3-15	SUSPECT: Samantha Freedman	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5-1
EVENT TYPE: DUI Crash	DEPUTY: Sgt. J. Frey	ID#: 965	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Lorenzo	FIRST NAME: 32738 PBCFR ST 16	MIDDLE INITIAL:	RACE:	SEX:
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
YOUR HOME ADDRESS: ~~left~~ ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:	
YOUR WORK NAME & ADDRESS: 3550 Military Trail ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY: Jupiter	STATE: FL	ZIP: 33458	
WORK PHONE: ☐ CHECK IF NONE (561) 616-7000	CELL PHONE: ☐ CHECK IF NONE ( )	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I | YOUR NAME: Lorenzo 32738 PBCFR ST 16 | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Came upon a White 4 door SUV in the drainage ditch. 360 showed that the vehicle was aprox 10 yards from the road stuck in the sand. Vehicle did not appear to be running. I went over to the front passenger side and cut away the air bags while my officer opened the drivers side. I checked to see that no one else was in the vehicle. I then went to the passenger side and assisted the driver out of the vehicle and up the hill and turned care over to awating rescue.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 5/29/19 TIME: ID# 28976

SIGNATURE:

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

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PBSO #0134 REV. 12/11

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19C25883	ZONE: 3-15	SUSPECT: S. Freedman	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5-1
EVENT TYPE: DUI Crash	DEPUTY: Lou J. Frey	ID#: 4655	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Olavarria #13878				

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
PBSFR 3550 Military Trl. Jup. FL. 33458	Jupiter	FL	33458

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
(561) 616 7000	( )	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

	YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
I	Olavarria 13878	

On arrival as Captain of E16 found 1 patient sitting in driver seat of car in ditch next to road. Crew approached car and found one female sitting in driver seat with no complaints. Patient was removed from car and turned over to R16 for evaluation

NOT A CERTIFIED COPY

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X 13878

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/23/19 TIME:

SIGNATURE: ID 2897

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY,** WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

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PBSO #0134 REV. 12/11

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: 01/23/2019

Date of Last Agency Inspection: 01/18/2019
Observation Period Began: 01:55
Subject's Name: SAMANTHA J FREEDMAN DOB: 01/21/1982 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	02:20
Air Blank	0.000	02:21
Control Test	0.079	02:21
Air Blank	0.000	02:22
Subject Sample #1	0.215	02:22
Air Blank	0.000	02:23
Air Blank	0.000	02:25
Subject Sample #2	0.217	02:25
Air Blank	0.000	02:26
Control Test	0.079	02:26
Air Blank	0.000	02:27
Diagnostics Check	OK	02:27

Cylinder Lot: 13518080A5
Exp: 08/05/2020

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 JAMES G FIGGS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 1/23/19
Signature

Sworn to (or affirmed) before me this 23 day of Jan, 2019

_____ Ina Frey
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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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/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.0712(2)	Other: Personal Information contained in a motor vehicle record (s).	
	☐	393202(5)	Other: Person reporting Child Abuse	

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REVIEW COMPLETED BY

Booking Number: 2019002603	**Date:** 1/23/2019
	Specialist Name/ID: M. Tooks #8557