

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

P# 2314

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19109326	
Charge Type: Check as many as apply.		Weapon Seized / Type		Multiple Clearance Indicator		
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 8. Other		2 1. Yes 2. No N/A
Location of Arrest (Including Name of Business) HYPOLUXO RD/ HAGEN RANCH RD, LAKE WORTH, FL, 33467				Location of Offense (Business Name, Address) HYPOLUXO RD/ HAGEN RANCH RD LAKE WORTH, FL, 33467		
Date of Arrest 08/29/2019	Time of Arrest 00:46	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) BONADIO SHAINA DANIELLE		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 11/16/1990	Height 5'4	Weight 120	Eye Color BRN	Hair Color BRN
Complexion MED		Build SMALL		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) 211 DISC DR		(City) BOYNTON BEACH, FL, 33436		(State) FL		(Zip) 33436
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)
Business Address (Name, Street)		(City)		(State)		(Zip)
D/L Number, State B530784909160		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOCA RATON, FL

Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Residence Phone			Business Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	

Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
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.				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. Passess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Producer Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Opiv.	P. Paraphernalia/ 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 # 19109326		Warrant / Capias Number		Bond OR			
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 9 Day 26 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.					
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 08/29/2019	

HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) INV. G. LYNCH 8568		(PRINT)	
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # 8568		PAGE 1 OF 1	
Transporting Officer INV. G. LYNCH 8568		ID # 8568		Agency PBSO	
Witness here if subject signed with an "X"					

PB80 #148 REV. 8/97

J#0510542

AUG 29 2019

2019 AUG 29 10:29 AM

GOLD - DEFENDANT (N.T.A.'S ONLY)

PROBABLE CAUSE AFFIDAVIT

OBTS Number _____ 1 Arrest _____ 3 Request for Warrant _____ 4 Request for Capias _____ Juvenile _____

Agency ORI Number _____ Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **19-109326**

Charge Type: 1 Felony 3 Misdemeanor 5 Ordinance
 2 Traffic Felony 4 Traffic Misdemeanor 6 Other

Name (Last, First, Middle) **Bonadio, Shaina Danielle** Alias _____ Race **W** Sex **F** Date of Birth **11/16/1990**

Charge Description: **DUI**

Victim's Name (Last, First, Middle) **State of Florida** Race _____ Sex _____ Date of Birth _____

Local Address (Street, Apt Number) _____ (City) _____ (State) **FL** (Zip) _____ Phone _____ Address Source _____

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ 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 The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____

confessed to _____ that he/she saw the arrested person commit the below acts

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

On the 29th day of August 2019 at 12:08 A.M P.M (Specifically include facts constituting cause for arrest.)

On the above date and time, I was conducting traffic control operations in the 6700 block of Hypoluxo Road, unincorporated Lake Worth, Palm Beach County, Florida when I observed a black vehicle heading eastbound at what I visually estimated to be 68 miles per hour and increasing. I confirmed the speed with the doppler tone and visual readout on my in car radar, a Roadstalker Dual DSR with serial#DS33628 for the computing unit, and serial #009935 for the front antenna and serial #006630 for the rear antenna. As the vehicle passed me heading eastbound, I pulled out from the median and got behind the vehicle. At that time, I confirmed the vehicle was bearing FL tag: DWLV68. The vehicle entered the turn lane west of the intersection of Hypoluxo and S Jog that most people would utilize to turn into the Cumberland Farms on the Northwest side of the intersection. The vehicle then completed a u-turn and continued to head back Westbound on Hypoluxo Road. I called out the traffic stop to PBSO dispatch and completed the stop approximately 500 feet south of Hypoluxo Road on Hagen Ranch Rd. As I approached the vehicle, the driver had already put her window down. As I approached the vehicle and reached the left rear quarter panel, I could smell what, to my training and experience, was the recognizable odor of an unknown alcoholic beverage emanating out of the vehicle. I made contact with the driver who I identified through her FL D/L as Shaina Bonadio. As I spoke with her, the odor of an unknown alcoholic beverage intensified. I asked Shaina to provide me with her license, registration and proof of insurance. She immediately had her FL D/L in her hand and when I asked for her registration, she reached over to the glove box and began to fumble with the paperwork inside. She grabbed her registration and looked at it for a short period of time and then put it back in her glove box. She then picked up her phone and said she had to pull up the insurance but had not handed me the registration at that time. Once again, I asked for her registration. She again grabbed it and looked at it. She then put it back into the glove box. While speaking with Shaina, I noted that her speech seemed slurred and she seemed to have lost dexterity in her hands as she was fumbling with a pouch that contained various paperwork. She also admitted that she had come from a friend's birthday party. Due to her slurred speech, loss of dexterity, speeding and the smell of an unknown alcoholic beverage emanating from her person, I contacted a DUI unit to respond. Investigator Lynch #8568 responded and conducted a DUI investigation which ultimately ended with the arrest of Shaina. I issued Shaina citations for her unlawful speed and for failing to change the address on her driver's license as she admitted that she had lived at her address for approximately 1 year. Those citations were under numbers AC03VGE and AC06JDE.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 _____ 12782
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of August 2019 by Bradley Labrys

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

Notary Public, Clerk of Court, Officer (F.S.S., 117-1.0) Tom Lynch 8568

AUG 29 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF AUG 20 19 AT 00:08 AM PM

SUBJECT: BONADIO SHAINA DANIELLE CASE NUMBER: 19109326

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 8/29/19 I responded to Hypoluxo Rd/ Hagen Ranch Rd, in Palm Beach County, in reference to a traffic stop, with a possibly impaired driver. Upon arrival I met with D/S Labrys id12782, who had conducted the stop.

D/S Labrys advised that while conducting traffic enforcement in the area he observed a black Ford, bearing FL tag DWLV68, traveling east at a high rate of speed. D/S Labrys activated his radar and got a speed reading of 72mph in the posted 40mph zone. D/S Labrys got behind the vehicle and conducted a traffic stop for the infraction. D/S Labrys made contact with the driver, Shaina Bonadio, the sole occupant of the car. D/S Labrys immediately noticed the odor of an unknown alcoholic beverage coming from the vehicle. Shaina's movements were uncoordinated and she fumbled with her paperwork while attempting to locate her registration and insurance. Shaina held her registration, looked directly at it, and then put it down, stating that she could not find the registration.

OBSERVATION OF DRIVER:

I met with Shaina, who was seating in her car. I had Shaina exit her car and stand in front of my patrol car. I immediately noticed that Shaina's eyes were glassy and there was an odor of an unknown alcoholic beverage coming from her breath, which got stronger when she spoke. While standing still, Shaina exhibited a sway. Shaina advised that she had 1 glass of wine prior to driving but could not remember how long ago her last drink was. Based on my observations and Shaina's admission to drinking I asked her to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Had 1 glass of wine prior to driving.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm/ Cooperative

CLOTHING: green shirt/ black leggings/ black shoes

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

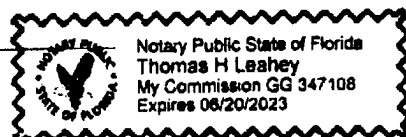
INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of AUG 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

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



SCA
AUG 29 2019

SUBJECT BONADIO

SHAINA

CASE NUMBER 19109326

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Shaina was asked to stand with her feet together and place her hands by her sides. Shaina was asked to focus on the stimulus and follow it with her eyes. Shaina was told not to move her head to assist in following the stimulus. Shaina 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 saw no vertical nystagmus in either of Shaina's eyes. I observed no lack of convergence in Shaina's eyes. Shaina exhibited a front to back sway while performing this task and had to be reminded not to move her head.

WALK & TURN:

I utilized yellow duct tape to make a straight level line, free of debris, that Shaina advised she could see. I explained and demonstrated the task to Shaina. During the instructions Shaina was unable to maintain the instructional position, stepping out of the position several times. After completing the instructions Shaina advised she understood and had no questions. During the task Shaina stepped off the line and missed heel-to-toe steps several times. Shaina did not turn as instructed and paused to regain balance. After completing the second 9 steps Shaina turned back around and asked if she was supposed to continue. Without instruction Shaina began the task again, taking an additional 11 steps in each direction, exhibiting the same signs of impairment.

ONE LEG STAND:

I explained and demonstrated the task to Shaina. After completing the instructions Shaina advised she understood and had no questions. During the task Shaina exhibited a sway and used her arms for balance. Shaina had to be reminded to look down at her raised foot, during the task.

FINGER TO NOSE:

I explained and demonstrated the task to Shaina. During the instructions Shaina failed to maintain the instructional position, separating her feet for balance. After completing the instructions Shaina advised she understood and had no questions. During the task Shaina missed touching the tip of her nose several times and used the pad of her finger to touch her nose. Throughout the task Shaina exhibited an orbital sway.

ROMBERG ALPHABET:

Prior to beginning the task Shaina confirmed she knew the entire alphabet (A-Z), in order, without issue. I explained and demonstrated the task to Shaina. After completing the instructions Shaina advised she understood and had no questions. During the task Shaina exhibited an orbital sway. Shaina incorrectly recited the alphabet stating "L, O, M, N, P"

BREATH TEST RESULTS: 1) .197 2) .190 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

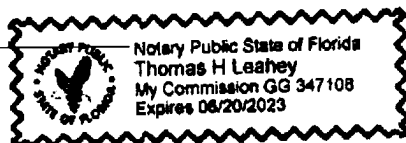
INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of AUG 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

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



SCANNED
AUG 29 2019

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: 08/29/2019

Date of Last Agency Inspection: 08/16/2019

Observation Period Began: 01:06

Subject's Name: SHAINA D BONADIO

DOB: 11/16/1990 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	01:32
	Air Blank	0.000	01:32
	Control Test	0.081	01:32
	Air Blank	0.000	01:33
	Subject Sample #1	0.197	01:35
	Air Blank	0.000	01:35
	Air Blank	0.000	01:37
	Subject Sample #2	0.190	01:39
	Air Blank	0.000	01:40
	Control Test	0.081	01:40
	Air Blank	0.000	01:41
	Diagnostics Check	OK	01:41

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 THOMAS H. LEAHY, 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: T. Leahy

Signature

Date: 08/29/19

Sworn to (or affirmed) before me this 29th day of August, 2019

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.

WITNESS LIST

CASE NUMBER: 19109326

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S LABRYS 12782

ADDRESS: DIST 6

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

CAN TESTIFY TO: TRAFFIC STOP

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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CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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

SCANNED
AUG 29 2010

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Benedict, Shana D CASE NUMBER: 19-107326

DATE: 02/29/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 01:28 ENDING TIME: 01:43

BREATH TESTS RESULTS: 1) .197 TIME 01:35 A.M./P.M. 2) .190 TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: T Leary #19183

MAINTENANCE TECHNICIAN: J Kivlocki #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: talk slurred, not coherent

ATTITUDE: poor, uncooperative

CLOTHING: black athletic pants, green tank top, black sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: eyes glassy, blood shot

no odor of alcohol, a lot of slurred words, with

COMMENTS: subject at center. No contact. No contact

observation period at 01:40 hrs.

A returned to perform breath test ~~ES~~

A read E/C + A acknowledged she understood E/C

A agreed to perform breath test

She read breath test results + A acknowledged she understood breath test results

A read rights + A stated she understood rights

A declined to answer questions

SEARCHED
AUG 29 2019

SUBJECT: Benedict, Shelma D CASE NUMBER: 17-109326

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 Ina Blaylock of the PHSO

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 SCM

SUBJECT: Domestic Violence D CASE NUMBER: 19-169326

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: _____

NOT A CERTIFIED COPY

307
AUG 7 5 2018



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.003	Other: Florida Pawnbroking Act	
	<input type="checkbox"/>		Other: Matthew Bent v. State and Al Lamberti, 46 So.3d 1047 (4th DCA, 2010)	

REVIEW COMPLETED BY

Booking Number: 2019028282	Date: 08/29/2019
	Specialist Name/ID: VARGO/6665

SCANNED
AUG 29 2019