

0498317

1810/8/19026

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2018-006810		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies	1 JUVENILE
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) 1400 W GLADES RD, BOCA RATON, FL 33431				Location of Offense (Business Name, Address) 1400 W GLADES RD, BOCA RATON, FL 33431				
Date of Arrest 05/16/2018	Time of Arrest 23:03	Booking Date 05/16/2018	Booking Time 23:22	Jail Date 05/16/2018	Jail Time 23:59	Location of Vehicle WESTWAY		

Name (Last, First, Middle) PALMER SMITH, SHANNON ELIZABETH				Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 08/16/1995	Height 5'07	Weight 115	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build Thin		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CHRISTIAN	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 20901 ST ANDREWS BLVD 60, BOCA RATON, FL 33433				(City)	(State)	(Zip)	Phone (561) 479-8971		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		
Permanent Address (Street, Apt. Number) 20901 ST ANDREWS BLVD 60, BOCA RATON, FL 33433				(City)	(State)	(Zip)	Phone (561) 479-8971		Address Source VERBAL		
Business Address (Name, Street) MAXS GRILL, MIZNER PARK				(City)	(State)	(Zip)	Phone (561) -		Occupation Waiter		
DL Number, State P456785957960 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) MELBORNE, FL		Citizenship US			

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	Name (Last, First, Middle)						Residence Phone
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name)			Relationship	Date	Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended	Grade		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity N. N/A F. 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. Synthetic	U. Unknown Z. Other
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Charge Description DUI						Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense # 2018-006810	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Bond OR
Charge Description						Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Copies Number	Bond
Charge Description						Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Copies Number	Bond

Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail	
Transported By				PROPERTY - Received By BISSOON	Released By BISSOON	Released To COUNTY JAIL	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 06/18/2018 08:30:00	

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date signed **05/16/18**

HOLD for Other Agency		Signature of Arresting Officer Colley		Name Verification (Printed by Arrestee) Shannon Palmer Smith	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) BISSOON, S. R.	LD # 664	PAGE 1 OF 1	
Agency Phone 0571111111	LD # 664	Poach # BRPD	Agency BRPD	Witness here if subject signed with an "X".	

MAY 17 AM 1:40

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-006810
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) PALMER SMITH, SHANNON ELIZABETH	Alias	Race W	Sex F	Date of Birth 08/16/1995
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Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (561) -	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone (56) -	Occupation
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **16** day of **May**, **2018** at **23:03** (Specifically include facts constituting cause for arrest.)

On 05/16/2018, I responded to 1400 W Glades RD in reference to back up Lt. Adams on a traffic stop. Lt. Adams stopped a white Ford Mustang bearing Fl tag#CYRT93 for speeding (70 in a 45mph) as the vehicle went westbound on W Glades RD. Lt. Adams advised that he saw in plain view some marijuana residue inside the vehicle and the driver might be impaired.

I then met with the driver Shannon Palmer-Smith and I also observed the marijuana residue in plain view on the center console. I then asked Palmer-Smith if there was any more marijuana inside the vehicle and she stated no. She admitted that there was only the residue that was visible on the center console. While speaking to her I could also smell an odor of an alcoholic beverage emanating from her person and her eyes were glossy and blood shot. Ofc. Chriswisher arrived on scene. I then had Palmer-Smith exit the vehicle to search the vehicle based on plain view. I searched the vehicle and nothing suspicious was located. After searching the vehicle, I then asked her if she would submit to the roadside sobriety tasks to dispel my alarm that she was under the influence. Palmer-Smith advised that she would submit to roadside tasks. I then walked her over to a well-lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Palmer-Smith advised that she had no medical or physical issues that would prevent her from conducting the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first SFST was the Walk and Turn. Palmer-Smith failed to maintain the starting position and she started the task before being told to begin. As she walked the line she failed to keep her feet heel to toe. She was also swaying during the task and failed to count as instructed.

The second SFST was the One Leg Stand. Palmer-Smith failed to keep her foot six

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	BISSON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT)
05/17/2018 DATE	05/17/2018 DATE

OIGTS Number AGENCY ORI Number FL 0500200	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-006810			
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
Name (Last, First, Middle) PALMER SMITH, SHANNON ELIZABETH		Race W	Sex F	Date of Birth 08/16/1995

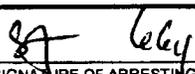
inches of the ground. She failed to maintain the starting position and she also started the task before being told to begin. Palmer-Smith swayed during the task.

The third SFST was the Finger to Nose (L-R-L-R-R-L). Palmer-Smith on the first left she touched under her nose. On the first right, she touched the right side of her nose. On the second left she touched the right side of her nose. On the second right she touched the top of her of her nose. On the third right she touched the left side of her nose. On the third left she touched the top of her nose. She also swayed during the task and she opened her eyes during the task.

The fourth SFST was the Rhomberg Alphabet which she was able to recite properly. She also swayed during the task. Based on my investigation I placed Palmer-Smith under arrest for DUI. Ofc. Chriswisser searched Palmer-Smith and I then transported her to BRPD.

Ofc. Rafalko responded as my Breath Test operator. Ofc. Rafalko and I conducted the 20-minute observation and then she was taken into the BAT room. Palmer-Smith provided two breath samples of .134 and .140. I also read Palmer-Smith her Constitutional Warnings which she advised she understood and she wouldn't answer my questions without an attorney present. See DUI influence report.

Palmer-Smith is being charged under F.S.S. 316.193(1) for DUI. Palmer-Smith was transported to Palm Beach county jail for final disposition. She was also issued a citation under F.S.S 316.074(1) for violation of a traffic control device. Palmer-Smith's vehicle was towed to Westway.

SWORN AND SUBSCRIBED BEFORE ME VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 05/17/2018 DATE	<div style="text-align: center;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <hr/> BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT) <hr/> 05/17/2018 DATE </div>
PAGE 2 OF 2	

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 05/16/2018

Date of Last Agency Inspection: 04/12/2018

Observation Period Began: 23:22

Subject's Name: SHANNON E PALMER-SMITH

DOB: 08/16/1995 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	23:48
	Air Blank	0.000	23:49
	Control Test	0.078	23:49
	Air Blank	0.000	23:50
	Subject Sample #1	0.134	23:50
	Air Blank	0.000	23:51
	Air Blank	0.000	23:53
	Subject Sample #2	0.140	23:54
	Air Blank	0.000	23:54
	Control Test	0.079	23:55
	Air Blank	0.000	23:55
	Diagnostics Check	OK	23:55

Cylinder Lot: 31517080A1
Exp: 01/05/2020

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 TRAVIS K RAFALRO, 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: 05/16/18
Signature

Sworn to (or affirmed) before me this 16 day of May, 2018

[Signature] Stephen Kissian
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.

18-6810

2303
1015

2322
OBSV
By 664

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____

Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: Bissoon

Name: Lt. Adams Phone # _____ Work # 561 338 1234

Address: 100 NW 2nd Ave Boca

Can testify to: Backup

Name: Ofc. Chriswisher Phone # _____ Work # "

Address: "

Can testify to: "

Name: Ofc Rafalko Phone # _____ Work # "

Address: "

Can testify to: Breath TEST

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

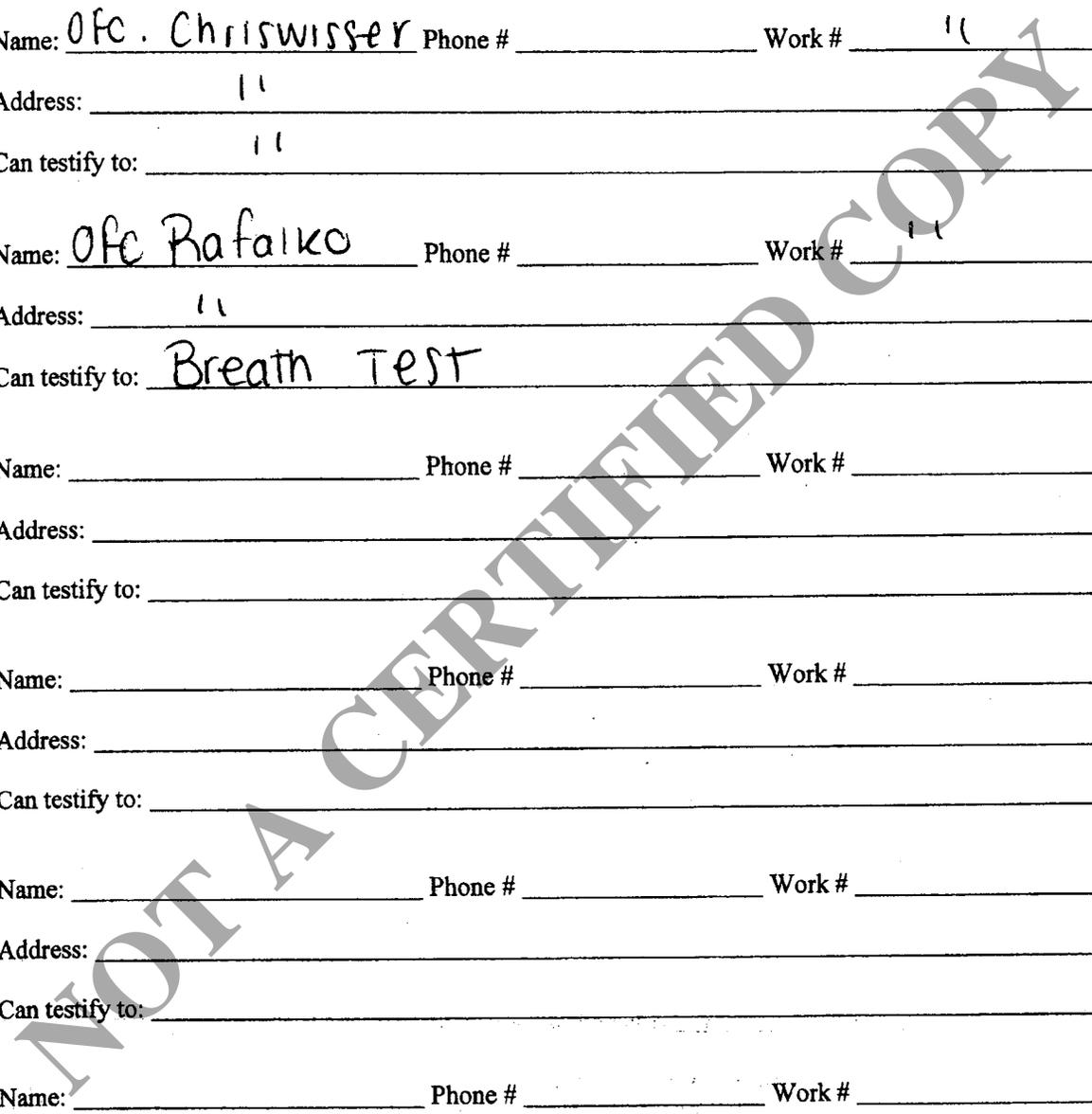
Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____





BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 18-6810

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, May, 16, 2018.
(day) (month) (date) (year)

B. The time is now approximately 1145 AM/PM

C. The following is in reference to case number 18-6810

D. Present at this time is Bissoon / Rafaliko of the Boca Raton Police Department.
(Officer's Name)

E. Officer Bissoon, have you arrested Shannon Palmer-Smith in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Palmer-Smith, I am required to inform you these
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Shannon Palmer-Smith

CASE #: 18-6810 DATE: 5/16/18

BREATH TEST RESULTS

1) TIME .134 2350 AM/PM 2) TIME .140 2354 AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Bafalko 779

MAINTENANCE TECHNICIAN: Pare ~~680~~ 671

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Lathargic

CLOTHING: Black Jacket, Blue Jeans, Tan sandals

MEDICAL CONDITION: NONE

OTHER: Odor of alcoholic beverage emanating from person, Blood shot eyes

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking?

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 2357 AM/PM

The date is May (month), 16 (day), 2018 (year).



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

REVIEW COMPLETED BY

Booking Number: 2018016564	Date: 05/17/2018
	Specialist Name/ID: M. Tooks #8557