J-0507420 19CT7774 P-313C

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1 | Juvenile: N

OBTS Number:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19064430

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

Weapon Seized / Type: 2 (1 Yes 2 No) NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
MELALEUCA LN/MILITARY TRL. GREENACRES, FL. 33463	MELALEUCA LN/MILITARY TRL GREENACRES, FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/27/2019	0117					JOY TOWING

DEFENDANT

Name (Last, First, Middle): JURKIEWICZ STELLA

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	11/21/1952	5'05"	110	GREEN	BROWN	LIGHT	THIN

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: SINGLE | Religion: NONE | Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk. ☐

Local Address (Street, Apt Number) (City) (State) (Zip): 228 NE 15TH ST DELRAY BEACH, FL. 33444 | Phone: (561) 413-2161 | Residence Type (1 City 2 County 3 Florida 4 Out of State): 18

Permanent Address (Street, Apt Number) (City) (State) (Zip): , | Phone: ( ) — | Address Source: FL D/L

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: SOLAR ENERGY CONSULTANT

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
J622-780-52-921-0, FL	[redacted]		FRANCE	U.S.

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile
				☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other

Address (Street, Apt Number) (City) (State) (Zip): | Residence Phone: ( ) | 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 ☐ 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	1	☐Y ☐N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	NONE	19064430		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month MAY Day 23 Year 2019 Time 8:30 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: 04/27/2019

ADMIN

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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): INV. ZEITZ | ID #: 24970

Intake Deputy: | ID #: | Pouch #: | Transporting Officer: INV. ZEITZ | ID #: 24970 | Agency: PBSO | Witness here if subject signed with an X:

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N T A 's ONLY)

PBSO 5148 REV 6/07

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SCANNED

MAY 01 2019

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-064430

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Jurkiewicz, Stella		W	F	11-21-52

CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
	( )	
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	

PROBABLE CAUSE STATEMENT

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☐ was found to have commited the below acts, resulting from my (described) investigation.

On the 27th day of April 20 19 at 12:08 ☑ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

Supplemental Probable Cause

I was in uniform in a marked PBSO vehicle when I responded to a complaint of a possible impaired driver that was operating a maroon Honda Element. The caller advised that they were following the above vehicle E/B on Maleleuca Ln in unincorporated Lake Worth. The caller advised the Honda did not have its headlights on and was failing to stay in a signal lane and had hit a curb. I was traveling E/B on 6th Ave South and observed the Honda at the intersection of 6th Ave South and Congress Ave where it made a left turn N/B onto South Congress Ave. I pulled in behind the Honda which was bearing Fl tag BYIN99. As the Honda traveled N/B, I observed the following driving pattern: The Honda almost hit the left curb 3 times, drifted over and rode the right lane dividing line, & stopped well short of the traffic signal at the intersection of Lake Worth Rd & Congress Ave. with no vehicles in front of it. Based on the above driving pattern and the information received by the caller, I activated my overhead blue lights to conduct a traffic stop for the safety of driver in case their was a medical emergency and for the traffic violation of failure to maintain a single lane. The Honda stopped in the 3700 Blk. of South Congress Ave. When the Honda stopped it drove up over the center median. I exited my car and approached the Honda. I made contact with a W/F driver. I introduced myself and explained the reason for the stop as I asked for her DL. Upon making contact with the driver I observed, via a sense of smell, an odor of alcoholic beverage, emanating from her person. The W/F who was identified as Stella Jurkiewicz DOB 11-21-52 via her Fl DL, slurred her words as she spoke to me. Jurkiewicz eyes were also red & glassy. Jurkiewicz appeared disoriented, telling me that she was going home to Delray Bch even though she was traveling in the opposite direction. Based on the above driving pattern and my visual observations I suspected Jurkiewicz might be DUI. DUI investigator Zeitz ID 24970 arrived on scene and conducted a DUI investigation which led to Jurkiewicz being arrested.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

9157 Sgt. Mendelsberg 9157
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of April 20 19 by Sgt. Mendelsberg 9157

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

*24970
Notary Public, Clerk of Court, Officer (F.S. 117.10)

PAGE 1 OF 1

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SCANNED
MAY 0 1 2019

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19064430

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
JURKIEWICZ, STELLA,		W	F	11/21/1952

CHARGES

Charge Description	Charge Description
DRIVING UNDER THE INFLUENCE 316.193(1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE of FLORIDA, ,			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
,	( )	
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	GOVERNMENT

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 27TH day of APRIL 2019 at 0117 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On April 27, 2019, I was dispatched to the area of the 3700 block of Congress Ave in reference to a possible impaired driver. Upon arrival to the area, I met with Sgt. Mendelsberg #9157 who informed me that he stopped a vehicle, (Red Honda SUV bearing FL tag BYIN99) which was called in for a suspected impaired driver. Sgt. Mendelsberg got behind the vehicle in the area of 6th Ave S and Congress Ave. He observed the vehicle drift in the lane while traveling northbound on Congress ave and almost strike the curb multiple times. When he activated his emergency lights to conduct a welfare check on the driver, the vehicle yielded in the 3700 block of Congress Ave. The vehicle stopped in the median turn lane but drove up onto the raised median. He made contact with the driver, who was identified as W/F Stella Jurkiewicz by her FL D/L. Sgt. Mendelsberg observed articulable indicators of impairment while speaking with Jurkiewicz. Due to his observations, he called for a DUI unit to respond. Sgt. Mendelsberg completed a sworn supplemental probable cause affidavit detailing his observations

Upon my arrival, I approached the red Honda and observed a white female in the driver's seat. She had vomited all over the interior of her vehicle and all over her lap. She continued to vomit as I attempted to speak with her. Jurkeiwicz was able to tell me that she was coming from the Brass Monkey bar and had 2 glasses of wine. She later changed her story to say that she had 3 glasses of wine. I could smell the odor of an unknown alcoholic beverage coming from her person and breath. Her eyes were extremely red and bloodshot. Her speech was very slow, thick and at times hard to understand. Due to her continued vomiting, I asked for Palm Beach County Fire Rescue to respond to evaluate Jurkeiwicz. They informed me that her vitals and sugar were good. Once finished, I continued with my investigation.

I asked Jurkeiwicz to step out of the vehicle. She needed assistance to exit the vehicle and even slipped getting out. She was unable to maintain her balance and needed help from myself and another deputy on scene to walk her to the front of my patrol vehicle. Being unable to stand on her own, I sat her down on the push bumper of my patrol vehicle. She again began to vomit. I had concerns that Jurkiewicz was going to be unable to sit up on her own. I attempted to have her sit on the back bumper of a patrol vehicle so that the seated battery could be conducted. Jurkiewicz was unable to sit on the rear of the vehicle. The seated battery was also unable to be conducted. Based on the totality of the circumstances, probable cause was established to place Jurkiewicz under arrest for DUI. She was placed into handcuffs that were checked for fit and double locked. He was the rear of D/S Coleman's patrol car for transport to the PBC BAT.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of APRIL 2019 by INV. ZEITZ

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED
MAY 01 2019

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19064430

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
JURKIEWICZ, STELLA,		W	F	11/21/1952

CHARGES

Charge Description		Charge Description
DRIVING UNDER THE INFLUENCE	316.193(1)	
Charge Description		Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE of FLORIDA, ,			

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
,				( )	
Business Address (Name, Street)	**(City)**	**(State)**	**(zip)**	**Phone**	**Occupation**
				( )	GOVERNMENT

PROBABLE CAUSE STATEMENT

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 27TH day of APRIL 2019 at 0117 ☒ A. M ☐ P. M. (Specifically include facts constituting cause for arrest.)

Upon arrival to the BAT, a 20 minute observation period was conducted. During that time, Jurkiewicz did vomit. A second 20 minute observation period was started. At the conclusion of the second observation period, Jurkiewicz was escorted into the interview room and asked to submit lawful samples of her breath to determine the alcohol content. She initially asked if she needed a lawyer, therefore Implied Consent was read to Jurkiewicz. She stated that she undertood and consented to providing samples of her breath. Jurkiewicz provided two (2) samples of her breath which yielded results of .124 and .119 respectively. She was read her Miranda Rights on camera, but no questions were asked.

Due to the above mentioned facts, probable cause was established for the arrest of W/F Stella Jurkiewicz for the following charge:

DRVING UNDER THE INFLUENCE: FSS 316.193(1)

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of APRIL 2019 by INV. ZEITZ

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 2 OF 2

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MAY 0 1 2019

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF APRIL 20 19, AT 0117 ✓ AM PM

SUBJECT: JURKIEWICZ STELLA CASE NUMBER: 19064430

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

PERSONAL CONTACT

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

SEE WRITTEN PROBABALE CAUSE AFFIDAVIT

OBSERVATION OF DRIVER:

SEE WRITTEN PROBABALE CAUSE AFFIDAVIT

DRIVER'S STATEMENTS:

SEE WRITTEN PROBABALE CAUSE AFFIDAVIT

ODORS:

SEE WRITTEN PROBABALE CAUSE AFFIDAVIT

GENERAL OBSERVATIONS

SPEECH: **SEE WRITTEN PROBABALE CAUSE AFFIDAVIT**

ATTITUDE: **SEE WRITTEN PROBABALE CAUSE AFFIDAVIT**

CLOTHING: **BLUE SHIRT, DENIM PANTS AND BROWN SANDALS**

MEDICAL/OTHER: **SEE BAT REPORT**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of APRIL 20 19 by INV. ZEITZ

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F S S 117 10)

SCANNED
MAY 0 1 2019

SUBJECT: JURKIEWICZ STELLA CASE NUMBER 19064430

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:
NOT CONDUCTED

WALK & TURN:
NOT CONDUCTED

ONE LEG STAND:
NOT CONDUCTED

FINGER TO NOSE:
NOT CONDUCTED

ROMBERG ALPHABET:
NOT CONDUCTED

BREATH TEST RESULTS: .124 .119

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of APRIL 2019 by INV. ZEITZ

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F S S 117 10)

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MAY 0 1 2019

WITNESS LIST

CASE NUMBER: 19064430

ARRESTING OFFICER: INV. ZEITZ

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: SGT MENDELSBERG #9157

ADDRESS: 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406

PHONE NUMBERS (HOME) 0 (WORK) 561-688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT

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) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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: _____

NAME: _____

ADDRESS _____

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: _____

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SCANNED
MAY 0 1 2019

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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SCANNED
MAY 0 1 2019

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

SUBJECT: _____ CASE NUMBER: _____

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.

SCANNED
MAY 0 1 2019

SUSPECT'S SIGNATURE: (X)_____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

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? _____

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INTERVIEWER: _____

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

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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2019014053	**Date:** 04/28/2019
	Specialist Name/ID: AM/31562

SCANNED
MAY 0 1 2019