ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: 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- 18130028

18CT18058

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 N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)	
941 N MILITARY TRAIL, WEST PALM, FL, 33406	941 N MILITARY TRAIL	WEST PALM, FL, 33406

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/06/2018	07:28					

DEFENDANT

Name (Last, First, Middle): MORALES STEPHANIA

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian, B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/17/1992	5'3	110	BRN	BLK	MED	~~THIN~~ Slim

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Single | Religion: CATHOLIC | Indication of: Alcohol Influence [Y] [N] [Unk.] Drug Influence [Y] [N] [Unk.]

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type
722 LAKE WELLINGTON DR	WELLINGTON, FL, 33414			(561) 657-5809	1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	DEFENDENT

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	MEDICAL ASSISTANT

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M642780928770	[redacted]		COLOMBIA	YES

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:

Residence 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 ☐ 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 #
DUI	1	☐Y ☒N	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18130028		O/R

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
				OCT 6 AM 9:40	

NOTICE TO APPEAR

Location (Court Room Number, Address)

3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time: Month 11 Day 1 Year 2018 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

X [signature] 10/06/2018

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy I.D. # 4813 Pouch #

Signature of Arresting Officer: X [signature]

Name of Arresting Officer (Print): INV. G. LYNCH 8568 I.D. # 8568

Transporting Officer: INV. G. LYNCH 8568 ID # 8568 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

OCT 7 AM 7:10

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

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1-2114

USUCOS

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6 DAY OF OCT 20 18, AT 04:48 ✓ AM PM

SUBJECT: MORALES STEPHANIA CASE NUMBER: 18130028

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 10/6/18 I responded to 941 N Military Trail, in Palm Beach County, in reference to a single vehicle crash with a possibly impaired driver. Upon arrival I met with D/S Blackman, who was investigating the crash. D/S Blackman advised that the vehicle was traveling southbound at a high rate of speed when the driver, Stephania Morales, lost control, going off the roadway and struck a building.

A witness, Anita Lopez, provided a sworn statement. Lopez stated that the vehicle, a gray mazda, bearing FL tag IMZK76, was traveling southbound at a high rate of speed almost sideswiping her vehicle. The mazda ran a red light and swerved striking the median. The Mazda continued going across the entire roadway and off the right side of the roadway, through an empty field. The Mazda then struck the building at 941 N Military Trail. Lopez positively identified Morales as the driver of the Mazda.

OBSERVATION OF DRIVER:

I made contact with Morales, who was sitting in the driver seat of the vehicle. I immediately noticed that Morales's eyes were bloodshot and glassy and there was an odor of a unknown alcoholic beverage coming from her breath, which got stronger when she spoke. I had Morales exit the car and walk to the front of my patrol car. Once in front of my patrol car Morales advised of a foot injury to her right foot. Morales appeared to have a mood swing and began crying. Morales was previously checked my fire rescue but she advised that she believed she needed to go to the hospital. I had Fire Rescue return to the scene to transport Morales to the hospital. Upon fire rescues arrival Morales stated she didn't want to go to the hospital. Morales finally decided that she did want to go to the hospital for treatment. While collecting some belongings to bring with her I observed Morales's movements to be uncoordinated and she dropped items several times. Morales repeated herself several times and appeared to be having difficulty remembering what she had asked. I followed fire rescue to Wellington Regional Hospital.

DRIVER'S STATEMENTS:

had 2 drinks of a Colubian liquor at approx midnight

ODORS:

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

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: **moodswings from calm to crying**

CLOTHING:

MEDICAL/OTHER:

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TATE OF FLORIDA
'OUNTY OF PALM BEACH

INV. G. LYNCH 8568
ignature of Arresting/Investigative Officer)

ne foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of OCT 20 18 by INV. G. LYNCH 8568

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 960654
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

SUBJECT: MORALES STEPHANIA CASE NUMBER 18130028

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:

Morales was asked to sit with her hands by her sides. Morales was asked to focus on the stimulus and follow it with her eyes. Morales was told not to move her head to assist in following the stimulus. Morales 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. Morales swayed while performing this task and had to be reminded not to move her head.

WALK & TURN:

I performed the walk and turn task. I explained and demonstrated to the Morales. During the instructions Morales attempted to begin the task prior to being instructed to do so. After explaining and demonstrating the task Morales advised she understood and had no questions. During the task Morales stepped off the line and missed heel-to-toe steps several times. Morales paused to steady herself and did not turn as instructed. Morales miscounted the steps on the second set of steps, walked backwards to begin again.

ONE LEG STAND:

Morales was placed in the instructional stance for the one leg stand task. The task was explained and demonstrated to the Morales. After explaining Morales asked if she was supposed to walk heel-to-toe again. I re-explained and demonstrating the task and Morales advised she understood and had no questions. During the task Morales had to be reminded to look down at her foot.

FINGER TO NOSE:

Morales was placed in the instructional stance for the finger to nose task. I explained and demonstrated to Morales. After explaining and demonstrating the task Morales advised she understood and had no questions. During the task Morales missed touching the tip of her nose several times. Morales started using the wrong hand during the task. Morales failed to return her hand to her side after touching her nose. Throughout the task Morales swayed slightly.

ROMBERG ALPHABET:

Morales was placed in the instructional stance for the Romberg alphabet task. Prior to beginning the task Morales advised that she knew the alphabet. Morales advised she knew the alphabet in English and in Spanish. I explained and demonstrated the task to Morales. After explaining and demonstrating the task Morales advised she understood and had no questions. During the task Moraled failed to keep her eyes closed and head tilted back. Morales failed to recite the alphabet correctly, repeating herself after the end of the alphabet twice. Morales then requested to recite the alphabet in Spanish, because it was easier. Morales then attempted to recite the alphabet in Spanish but made several errors.

BREATH TEST RESULTS: 1) .142 | 2) .151 | 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 6 day of OCT 20 18 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

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

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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 #: 18-130628	ZONE: 1-13	SUSPECT: Stephenix Marches	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 10/6/18 04:48
EVENT TYPE: DUI		DEPUTY: Inv Lynd	ID#: 2068

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
HOPEZ	ANITA		H	F

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
02/28/1968	5'5	170	BROWN	BROWN

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
1198 LAKE TERRY DRIVE APT L	W.P.B.	FLA	33411
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
(561) 686-8110	(561) 577-4253	( )	

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

1 YOUR NAME: ANITA HOPEZ

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

WAS GOING SOUTH ON MILITARY WHEN A CAR COMES DRIVING AT A HIGH SPEED ALMOST SIDE SWIPE MY WORK VAN THEN WENT ARCOSS LANE OF RIGHT OF ME WENT THROUGH RED LIGHT HIT THE MEDIUM FIRE BLEW AND SHE WENT ACROSS AND VECHILE STOP IN FRONT OF A BUILDING, SHE TRIED GETTING OUT OF CAR OTHER PEOPLE SHOWED UP REMOVING HER BELONGINGS FROM HER VECHILE, SHE WAS BLEEDING FROM RIGHT FOOT SHE WAS THIN BUILT LONG BLACK HAIR WEARING A BLK/FLOWER ROMPER SHE WAS THE ONLY ONE IN VECHILE AND SHE DID GET OUT OF VECHILE ON HER OWN FROM DRIVER SIDE OF VECHILE - BLK MAZDA6

PAGE 1 OF 1

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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: 10/6/2018 TIME: 05:37

SIGNATURE: D/S P. Manfred ID: 14991

*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

WITNESS LIST

CASE NUMBER: 18130028

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: ANITA LOPEZ

ADDRESS: 1198 LAKE TERRY DR #L, WEST PALM, FL, 33411

PHONE NUMBERS (HOME) 5615774253 (WORK) 5616868110

CAN TESTIFY TO: _____

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) _____

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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

(11)

AGENCY: [illegible] #3562

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: 10-24-13 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0000 hrs ENDING TIME: 0317 hrs

BREATH TESTS RESULTS: 1) .142 TIME [illegible] A.M./P.M. 2) .151 TIME [illegible] A.M./P.M.

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

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: Cpl. Lowe #6967

TESTING OFFICER'S OBSERVATIONS

SPEECH: Accent, not Spoken

ATTITUDE: Cpl. Cooperative

CLOTHING: Jumpsuit Shoes / mult. colored Shirt

MEDICAL CONDITIONS: Asthma

MEDICATIONS: Inhaler

OTHER: Eyes: Red & Glassy

Odor of unknown alcoholic beverage.

COMMENTS: 20 min observation by A/C Lyons #3562

A/C inputted the test data.

D submitted to the breath test.

D completed the test sequence.

S/W read results

No CFTS error for the entire sequence.

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SUBJECT: [redacted] CASE NUMBER: [redacted]

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) [redacted]

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

PBSO #0129B REV. 06/11

NOT A CERTIFIED COPY

SUBJECT: [illegible] CASE NUMBER: [illegible]

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: _____

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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: 2018033512	**Date:** 10/07/2018
	Specialist Name/ID: AM/31562