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2400

A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE	
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3, 2 2021-015691					
D E F E N D A N T	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized	Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business) 1 N OCEAN BLVD BOCA RATON FL 33432		Location of Offense (Business Name, Address) 400 N OCEAN BLVD, BOCA RATON, FL 33432								
Date of Arrest 12/31/2021		Time of Arrest 14:18		Booking Date 12/31/2021		Booking Time 14:28		Jail Date	Jail Time	Location of Vehicle EMERALD TOWING	
Name (Last, First, Middle) ARRICK, DEANNE RENE											
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White 1 - American Indian B - Black Q - Original/Asian		Sex F	Date of Birth 11/18/1971		Height 5'08	Weight 165	Eye Color BROWN	Hair Color BLONDE	Complexion LIGHT	Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None					Marital Status S	Religion NONE	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) (City) (State) (Zip) 590 JEFFERSON DR UNIT 106, DEERFIELD BEACH, FL 33442		Phone (480) 204-6087		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Permanent Address (Street, Apt. Number) (City) (State) (Zip) 590 JEFFERSON DR UNIT 106, DEERFIELD BEACH, FL 33442		Phone (480) 204-6087		Address Source FL DL	
Business Address (Name, Street) (City) (State) (Zip) JFK,		Phone		Occupation Nurse							
D/L Number, State A620176719180 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) YPSILANTI, MI, United		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>			
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone							
<input type="checkbox"/> Legal Custodian		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 P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI		Statute Violation Number 316.193(1A) 60		Violation of ORD #							
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias 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 / Capias 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 / Capias 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"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By		Released By		Released To		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					Date Transported // : :		Time Transported		Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) South County 200 W Atlantic Ave Delray Beach FL 33444		Court Date and Time 01/25/2022 08:30:00		No Photo Available		
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) [Signature]		Date Signed 12/31/21				
HOLD for Other Agency					Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) RAFALKO, T.		I.D. # 779		SCANNED			PAGE 1 OF 1		
Intake Agency		Fouch #		Transporting Officer Bugallo 847		Agency BRPD		Without base if not signed in "X". JAN 01 2022			

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-015691	
	Charge Type: Check as many as apply		Special Notes:		Name (Last, First, Middle) ARRICK, DEANNE RENE		Race W	Sex F

Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) ARRICK, DEANNE RENE		Alias	Race W	Sex F	Date of Birth 11/18/1971
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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 U	Sex U	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (561) 338-1234
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone (561)

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 **31** day of **December**, **2021** at **14:18** (Specifically include facts constituting cause for arrest.)

On 12/31/21 at 1338 hours I responded to 1 N. Ocean Blvd in reference to a DUI investigation. Upon my arrival I spoke with Officer Jenney and Officer Vick. Officer Jenney stated that he observed a red 2017 Dodge Challenger bearing FL plate LPDN58 driving southbound at 400 N. Ocean Blvd. Officer Jenney observed the vehicle pass another vehicle traveling southbound on N. Ocean Blvd by crossing the solid double yellow line into oncoming northbound traffic. Officer Jenney then initiated a traffic stop on the vehicle which stopped at 1 N. Ocean Blvd.

Officer Jenney made contact with the driver who was identified by FL DL as Deanne Arrick. Officer Jenney observed a strong odor of an alcoholic beverage emanating from Arrick's person. Officer Jenney then issued Arrick a citation for improper passing in violation of F.S.S. 316.085(1).

I then made contact with Arrick and had her exit the vehicle. I observed that she used the vehicle to balance herself when exiting. I observed that she had bloodshot eyes, her speech was slurred, and she had an odor of an alcoholic beverage emanating from her person. I asked Arrick where she was coming from, and she said Café Luna in Delray Beach where she was having breakfast with her boyfriend (unknown name) who was the passenger in the vehicle.

Arrick stated that she had consumed two champaign mimosas at Café Luna. Arrick stated that she is prescribed Trazodone and which she last took it last night. Arrick stated that she was headed home to Deerfield Beach. Based on my observations, I requested that she perform the standard field sobriety tasks to dispel my alarm that she was driving impaired and Arrick agreed.

The first task was the walk and turn which I instructed and demonstrated for Arrick. Arrick did not maintain the starting position. Arrick missed heel to toe on several

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
CARUSO, MARK RICHARD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	
12/31/2021 DATE	RAFALKO, TRAVIS (779) NAME OF OFFICER (PLEASE PRINT)
	12/31/2021 DATE

SCANNED

JAN 01 2022

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-015691	
	Charge Type: Check as many as apply:		Special Notes:		Name (Last, First, Middle) ARRICK, DEANNE RENE		Race W	Sex F

steps, stepped off the line on several steps, used her arms to balance, and made an improper turn.

The second task was the one leg stand which I instructed and demonstrated for Arrick. Arrick swayed, used her arms to balance, and put her foot down several times.

The third task was the Romberg Alphabet which I instructed for Arrick. Arrick recited the alphabet in a rhythmic manner. Arrick was mumbling and could not properly recite the alphabet as she stopped at the letter V.

The fourth task was the Finger to Nose which I instructed and demonstrated for Arrick. Arrick did not keep her eyes closed or head tilted back.

Based on my investigation I placed Arrick under arrest for DUI in violation of F.S.S. 316.193(1). I then placed Arrick in handcuffs which were double locked and checked for proper fit. Arrick was then searched by Officer Schuss and transported by Officer Torsiello in the transport van to BRPD's booking facility.

I operated the Intoxilyzer 8000 and I requested Arrick provide a sample of her breath. Arrick initially agreed and then refused. I then read Arrick her Implied Consent warnings which she advised that she understood. I then asked Arrick to provide a sample and she agreed. Arrick then refused and was issued a refusal. Arrick's vehicle was towed by Emerald Towing.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	CARUSO, MARK RICHARD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/31/2021 DATE		 RAFALKO, TRAVIS (779) NAME OF OFFICER (PLEASE PRINT) 12/31/2021 DATE	

SCANNED
JAN 01 2022

**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: 12/31/2021

Date of Last Agency Inspection: 12/22/2021

Observation Period Began: 15:05

Subject's Name: DEANNE R ARRICK

DOB: 11/18/1971 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	15:35
	Air Blank	0.000	15:35
	Control Test	0.079	15:36
	Air Blank	0.000	15:36
	Subject Sample #1	REF*	15:36
	Air Blank	0.000	15:37
	Control Test	0.079	15:37
	Air Blank	0.000	15:38
	Diagnostics Check	OK	15:38

*Subject Test Refused

Cylinder Lot: 15421080A1
Exp: 08/05/2023

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, DAVID N. BARRON, 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: 12/31/21
Signature

Sworn to (or affirmed) before me this 31 day of December, 2021

[Signature] Signature of Notary Public-State of Florida
Stephen Bissson 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.

SCANNED

21-15691

1505 OBSV by 779

ARR 1418

DUI INFLUENCE REPORT



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

SCANNED
JAN 01 2022



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: _____

SCANNED

JAN 01 2022

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- 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)

SCANNED

JAN 01 2022

ARRESTING OFFICER: Rafaliko

Name: Ofc Jenney Phone # _____ Work # _____

Address: _____

Can testify to: STOP

Name: Ofc. Vick Phone # _____ Work # _____

Address: _____

Can testify to: Backup

Name: Ofc. Torsiello Phone # _____ Work # _____

Address: _____

Can testify to: NI

Name: Ofc. Schuss Phone # _____ Work # _____

Address: _____

Can testify to: II

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

SCANNED

JAN 01 2022



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 21-15691

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, December, 31, 2021
(day) (month) (date) (year)

B. The time is now approximately 326 AM/PM

C. The following is in reference to case number 21-15691

ofc. Rafalko / Torsiello

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

E. Officer Rafalko, have you arrested Deanne Arrick 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. Arrick, 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

SCANNED

JAN 01 2022

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 the presence of chemical or controlled substances.
- 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)

SCANNED

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

JAN 01 2022

The date is December (month), 31 (day), 2021 (year), and the time is 3:30 AM/PM

A refusal form will be completed by the arresting officer.



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: _____

SCANNED

JAN 01 2022



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Deanne Arrick

CASE #: 21-15691

DATE: 12/31/21

BREATH TEST RESULTS

1) TIME 1536 Refused AM/PM

2) TIME _____ AM/PM

3) TIME _____ AM/PM

4) TIME _____ AM/PM

BREATH OPERATOR: Rafaliko

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Sturred

ATTITUDE: ~~SOBER~~ Good

CLOTHING: _____

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: _____

SCANNED

JAN 01 2022

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? yes

Where were you going? Home

What street or highway were you on? A1A

Direction of travel? South

Where did you start driving from? Cafe Luna

What city (county) were you stopped in? Boca

What time did you start? Not sure AM/PM What time is it now? Not sure

What is today's date? 12/31/21 What day of the week is it? Friday **SCANNED**

When did you last eat? This morning What did you eat? Breakfast Pizza **Jan 01 2022**

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

How much do you weigh? 165 Have you been drinking? yes What were you drinking? Amimosa

How much? 2 Where? Cafe Luna With whom were you drinking? Boyfriend

When did you have your first drink? 1100 AM/PM When did you stop drinking? Don't know AM/PM

How did you consume your last two drinks? Sipped

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 ~~not~~

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? Nurse

When did you last work? yesterday

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? NO

Have you taken any drugs or smoked marijuana today? NO

What? _____ When? _____

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

Are you taking any prescription medications? Yes No What? Trazidone When? 11 PM night

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? NO

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? NC, MI, AZ, CO, SC

I am now ending this video recording. The time is now approximately 3:42

The date is December (month), 31 (day), 2021 (year)

SCANNED
AM/PM
JAN 01 2022



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

REVIEW COMPLETED BY

Booking Number: 2021032952	Date: 1/1/2022
	Specialist Name/ID: M. Tooks #8557

SCANNED
 JAN 01 2022