0514425 — 2020CT001907ASB — 1179

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral — 1 — JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2020-001510

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

If Weapon Seized — Enter Type: None/not Applicable — Multiple Clearance Indicator: N

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
699 N MILITARY TRAL	699 N MILITARY TRL, BOCA RATON, FL 33486

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/31/2020	04:28	01/31/2020	04:38	01/31/2020	00:00	EMERALD TOWING

DEFENDANT

Name (Last, First, Middle): CONO, ANGELA THERESA — Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/11/1965	5'02	135	GREEN	BROWN	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) — Marital Status: M — Religion — Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 2380- NW 14TH STREET, DELRAY BEACH, FL 33445 — Phone — Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2380- NW 14TH STREET, DELRAY BEACH, FL 33445 — Phone — Address Source: SUBJECT

Business Address (Name, Street) (City) (State) (Zip): THE BEAUTIFUL ME, 2711 N FEDERAL HWY — Phone: (561) 350-8019 — Occupation: Owner

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C500018656310 /	[redacted]		BROOKLYN, NY, NY,	US

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 ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

Address (Street, Apt. Number) (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 ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

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. 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/Deriv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: FAIR — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To
CARRECIA	CARRCIA	PBCJ

Transported By — Date Transported: 01/31/2020 — Time Transported: 00:00 — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ 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: 03/02/2020 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: JAN 31 2020

No Photo Available

FILED
JAN 31 2020
CIRCUIT & COUNTY COURTS
(CRIMINAL DIV.)

ADMIN

HOLD for Other Agency — Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): CARECCIA, G. J. — I.D. #: 843

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch #

Transporting Officer: LAUCKIS — I.D. #: 901 — Agency: BOCA

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☒ AGENCY ☐ CENTRAL RECORDS ☒ JAIL ☐ CRIME ANALYSIS ☐ DEFENDANT

SCANNED
JAN 31 2020

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number

Agency ORI Number: FL 0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 | 2 | 2020-001510

Special Notes:

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

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CONO, ANGELA THERESA		H	F	04/11/1965

CHARGES

Charge Description	Charge Description
316.193(1) DUI	
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) -	DEFENDANT
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	(56) -	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.

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

On the 31 day of January, 2020 at 02:32 (Specifically include facts constituting cause for arrest.)

On 01/31/2020 at approximately 0205 hours I responded to 699 N military in reference to a traffic stop that Ofc. Galazka stopped. Ofc. Galazka informed me that he began speed pacing a black Nissan bearing Fl Tag#JJKD02 while it was traveling southbound on N. Military Trail. Ofc. Galazka stated that the vehicle was traveling 80 mph in a 45-mph speed limit zone. Ofc. Galazka also said that the vehicle was weaving in and out of its lane and was failing to maintain a single lane. Ofc. Galazka made contact with the driver after observing the traffic violations and noticed signs of alcohol impairment.

I arrived on scene and made contact with the driver, later identified via FLDL as Angela Cono. I immediately noticed a smell of an alcohol beverage emitting from Cono. Cono also had glassy eyes. I then had Cono step out of the vehicle and asked if she had any medical conditions or if she was taking any medication, to which she replied no. I asked Cono where she was heading and she told me she was going to Delray, which is the opposite direction of where she was heading. I then asked her where she was coming from, which she was having a difficult time explaining. She then said she was coming from her friend`s house, who lives in Fort Lauderdale.

I asked Cono if she had anything to drink tonight and she said she had a couple of glasses of wine. Cono was unable to remember what time she drank when I asked her.

I then asked Cono if she would complete roadside sobriety tasks and she said she would. Ofc. Van Camp then set up his car along a solid white line in the roadway. Cono walked in front of the police vehicle and onto the white line.

I instructed Cono to maintain the starting position before I explained and demonstrated each exercise to Cono. After doing so, I then had her begin each exercise.

The first task was the Walk and Turn. Cono had difficulty following my instructions to

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MCINNIS, BRYAN MICHAEL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/31/2020
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CARECCIA, GREGORY JAMES (843)
NAME OF OFFICER (PLEASE PRINT)

01/31/2020
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2020-001510

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
CONO, ANGELA THERESA		H	F	04/11/1965

PROBABLE CAUSE STATEMENT

get into the starting position and almost lost balance. Once in the starting position, Angela did not stay in the starting position while I explained and demonstrated the task. Cono also began the exercise before I told her to begin. Cono had difficulty getting back into the starting position. Cono did not count out loud as instructed while walking on the line and did not walk heel to toe during the exercise as instructed. Cono also did not stop walking at 9 steps as instructed.

The second task was the one-leg stand. Cono did not stay in the starting position as I explained the task to her and did not count out loud as instructed during the exercise. Cono placed her left foot on the ground 2 times and did not keep her hands on her side as instructed.

The third task was the Romberg alphabet. Cono said she understands English and knows the English alphabet. Cono then recited the entire English alphabet without being instructed to do so. Cono started this exercise before being instructed to do so.

The fourth task was the finger to nose. Cono had difficulty pointing her index fingers to the ground as instructed. Cono did not remain in the starting position.

At 0232 hours, I placed Cono under arrest for DUI and transported her to the Boca Raton Police Department for processing. Ofc. Howard responded and conducted the Intoxilyzer 8000. While in the DUI room, Cono refused to provide a breath sample. I read her implied consent and again she refused.

She was later taken to the Palm beach County Jail without incident.

The vehicle was towed to Emerald Towing.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MCINNIS, BRYAN MICHAEL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/31/2020
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CARECCIA, GREGORY JAMES (843)
NAME OF OFFICER (PLEASE PRINT)

01/31/2020
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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: 01/31/2020

Date of Last Agency Inspection: 01/29/2020
Observation Period Began: 02:45
Subject's Name: ANGELA T CONO DOB: 04/11/1965 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	03:18
Air Blank	0.000	03:19
Control Test	0.080	03:19
Air Blank	0.000	03:20
Subject Sample #1	REF*	03:20
Air Blank	0.000	03:20
Control Test	0.080	03:21
Air Blank	0.000	03:21
Diagnostics Check	OK	03:21

*Subject Test Refused

Cylinder Lot: 22419080A3
Exp: 10/05/2021

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced FLDL as identification, and who after being placed under oath, states:

I HALEY M HOWARD, 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: _____ Date: 1/31/2020
Signature

Sworn to (or affirmed) before me this 31 day of January, 2020

_____ Gregory Coreccia
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

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Date of Test: 01/31/2020

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Observation Period Began: 02:45
Subject's Name: ANGELA T CONO DOB: 04/11/1965 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	03:13
Air Blank	0.000	03:13
Control Test	0.080	03:14
Air Blank	0.000	03:14
Subject Sample #1	REF*	03:15
Air Blank	RFI**	03:15
Air Blank	0.000	03:16

*Subject Test Refused
**RFI Detect

Cylinder Lot: 22419080A3
Exp: 10/05/2021

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced FLDL as identification, and who after being placed under oath, states:

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Breath Test Operator: _____ Date: 1/31/2020
Signature

Sworn to (or affirmed) before me this 31 day of January, 2020

X _____ X Gregory Carreiro
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

2020005510
1015:0223
06SR:0245

DUI INFLUENCE REPORT

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

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 31st day of January, at 0223 (AM)/PM:

Subject: Angela Cano Case Number: 2020001510

PERSONAL CONTACT

Driving Pattern: See PC

Observation of Driver: See PC

Driver's Statement:

Odors: See PC

GENERAL OBSERVATIONS

Speech: emotional

Attitude: talkative

Clothing: leggings, black long sleeve no shoes

Medical Problems: none

Medications: none

Other: Alcoholic beverage eminating from mouth, glassy eyes

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: _____

See PC

Can not do, Why? _____

One leg stand: _____

See PC

Can not do, Why? _____

Finger to nose: _____

See PC

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 1/31/2020 (date) by OFC. Howard.

8826
Notary/Clerk of Court/ Officer (FSS 117.10)

1/31/2020
Date

X _____
Signature of Arresting Officer

OFC. Carecchia
Name of Officer (print)

ARRESTING OFFICER: OFC. Carecciа

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2020001510

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), January (month), 31 (date), 2020 (year).

B. The time is now approximately 0306 AM/PM.

C. The following is in reference to case number 2020001510.

D. Present at this time is OFC. Van Camp & OFC. Careccia of the Boca Raton Police Department. (Officer's Name)

E. Officer Careccia, have you arrested Angela Cono (Defendant's name) in violation of Florida State Statute 316.193?

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

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

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

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 OFC. Carreccia of the Boca Raton Police Dept.

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: Refused

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. CONO has refused to submit to a breath test.

The date is January (month), 31 (day), 2020 (year), and the time is 0809 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: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Angela Cano

CASE #: 2020001510 DATE: 1/31/2020

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: OFC. Howard

MAINTENANCE TECHNICIAN: OFC. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: emotional talkative

ATTITUDE: Emotional

CLOTHING: leggings, black long sleeve, no shoes

MEDICAL CONDITION: none (no medication)

OTHER: Alcoholic beverage eminating from mouth, glassy 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: A. Cerno Date: 1/31/2020 Time: 03:11

QUESTIONS AND ANSWERS

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

Where were you going? Home (to Delray)

What street or highway were you on? "Congress"

Direction of travel? "North"

Where did you start driving from? "From hollywood"

What city (county) were you stopped in? "whatever this city is"

What time did you start? Maybe 10 or 11 AM/PM What time is it now? "doesn't know"

What is today's date? 01/30/2020 What day of the week is it? Thursday

When did you last eat? 5pm What did you eat? 4 boiled eggs

What have you been doing the past three hours prior to this stop/accident? "to see if daughter was going to give birth"

How much do you weigh? 135 Have you been drinking? Yes What were you drinking? couple glasses of wine

How much? 2 small bottles Where? At daughters house With whom were you drinking? Herself

When did you have your first drink? 9 AM/(PM) When did you stop drinking? 10 AM/(PM)

How did you consume your last two drinks? In a glass

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 "feels tired/stressed"

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

What? _____ Where? _____

What line of work are you in? Cosmetologist

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? _____ 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? 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? No

I am now ending this video recording. The time is now approximately 0324 AM/PM.

The date is January (month), 31 (day), 2020 (year).

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Carecciа (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of Boca Raton Police Department (Name of law enforcement agency), and I do swear

or affirm that on or about the 31 day of January, 20 20, at 0309 ☐ P.M ☒ A.M.

DRIVER Angela Theresa Cono
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME,

DL# C500018165631O, state of Florida, was placed under lawful arrest for

the offense of 316.193 by OFC. Carecciа (Name of Arresting Officer) and

issued Citation # _____.

That on or about the 31 day of January, 20 20, at 0309 ☐ P.M ☒ A.M.

in Palm Beach County,

I requested that the driver submit to a ☒ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

X _____
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title Officer

Date 1/31/2020

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20_____,

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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	☐	782.04 (FS)	Other: Witness	
	☐	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020003473	**Date:** 1/31/2020
	Specialist Name/ID: M. Tooks #8557

CARECCIA (843) 2020001510 $ 166.00

FLORIDA DUI UNIFORM TRAFFIC CITATION A6LQ9XE

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): BOCA RATON 06/32
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: BOCA RATON POLICE
AGENCY #: 32

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

SUMMONS (VIOLATOR'S COPY)

DAY OF WEEK	MONTH	DAY	YEAR	
FRIDAY	01	31	2020	04:32 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: ANGELA MIDDLE: THERESA LAST: CONO
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶
STREET: 2380 NW 14 ST
CITY: DELRAY BEACH STATE: FL ZIP CODE: 33445
TELEPHONE NUMBER
DATE OF BIRTH: MO 04 DAY 11 YR 1965 RACE W SEX F HGT 503
DRIVER LICENSE NUMBER: C500018656310 STATE: FL CLASS: E CDL LICENSE: ☐ Y ☒ N YR LICENSE EXP.: 2026 COMMERCIAL VEHICLE: ☐ YES ☒ NO
YR VEHICLE: 2016 MAKE: NISS STYLE: UT COLOR: BLA PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO
VEHICLE LICENSE NO.: JJKD02 TRAILER TAG NO. STATE: FL YEAR TAG EXPIRES: 2021 ≥ 15 PASSENGERS: ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 699 N MILITARY TRL, BOCA RATON MOTORCYCLE: ☐ YES ☒ NO
COMPANION CITATION(S): ☐ YES ☒ NO
FT. _____ MILES _____ ☐ N ☒ S ☐ E ☐ W OF MODE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF _____.

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation): DUI | Breath Refused
RE-EXAM: ☐ YES ☒ NO
☐ AGGRESSIVE DRIVER
PASSENGER < 18 YEARS: ☐ YES ☒ NO
STATE STATUTE SECTION: 316.193 SUB-SECTION: (1)
CRASH: ☐ YES ☒ NO
DAMAGE TO OTHER PROPERTY: ☐ YES $ _____ ☒ NO
INJURY TO ANOTHER: ☐ YES ☒ NO
SERIOUS BODILY INJURY TO ANOTHER: ☐ YES ☒ NO
FATAL: ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

03/02/2020 COURT DATE 08:30 AM TIME A6LQ9XE
SOUTH COUNTY COURTHOUSE
200 W ATLANTIC AVE, DELRAY BCH, FL 33444 COURT AND LOCATION

ARREST DELIVERED TO Angela Cono DATE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☐ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☒ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/ PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON DUI ARREST
ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON 1ST OFFENSE

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE LANTANA 33462-1516 BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER | BADGE NO. 843 | ID NO. | TROOP UNIT BRPD

HSMV 75904 (Rev. 10/14)