0514473 NR 20CT 1941MB PM36

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

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- 20033017

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) | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
11115 Jog Rd	S Jog Rd at Woolbright Rd Boynton Beach, FL 33437

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/01/2020	16:20					11115 Jog Rd

DEFENDANT

Name (Last, First, Middle): Chiriano Ann E — 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	09/27/1970	5'01	120	Brown	Black	Light	Thin

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description) | Marital Status: Married | Religion: Catholic | Indication of: Alcohol Influence Y, Drug Influence N | Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
6235 Kings Gate Cir Unit C	Delray Beach, FL		33484	(917) 692-2298	2

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

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C650045708470	[redacted]		Brooklyn, NY	USA

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

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(1)(a)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		20033017		

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 Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Location (Court, Room Number, Address)

NOTICE TO APPEAR

PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996

Court Date and Time: Month February Day 27 Year 2020 Time 08:30 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.

Ann Elira Chiriano — 02/01/2020

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

ADMIN

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

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other — Name of Arresting Officer (Print): D/S C. Reece — ID #: #24519 — Witness here if subject signed with an -X"

Intake Deputy — I.D. # — Pouch # — Transporting Officer: D/S C. Reece — ID #: 24519 — Agency: PBSO

REVIEWED FEB 21 2020

FILED FEB 21 2020 PAGE 1 1 CLERK

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

PBSO #145 REV. 8/97

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20033017

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
Chiriano, Ann, E		W	F	09/27/1970

CHARGES

Charge Description	Charge Description
DUI 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**
	( )	

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 1 day of Feb 20 20 at 14:52 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On 02/01/2020 at approximately 15:02 hours I responded to S Jog Rd at the intersection of Woolbright Rd in unincorporated Palm Beach County, Florida in reference to a traffic crash.

On arrival I instructed the drivers to move their vehicle out of the road way and into an adjacent parking lot located at 11115 Jog Rd. I then met with both drivers and conducted a traffic crash investigation (20-033002). The at fault driver a white female driving a white Honda SUV (FL tag DWX5V) I noticed that she smelled of an alcoholic beverage both on her person and a strong odor was coming from her vehicle. I also noticed what appeared to be dried red wine on her bottom lip. I identified the driver as Ann Chiriano and also observed that she was slurring her words and appeared to be unsteady on her feet.

After completion of the crash investigation I advised Chiriano that I was now conducting a criminal investigation for DUI. I asked if she would be willing to submit to field sobriety tasks (FSTs). Chiriano agreed to submit. I placed Chiriano in the instructional stance and explained to her the horazontal gaze nystagmus task and she advised that she understood the instructions. During the task I observed a lack of smooth pursuit in her right eye. During the task I noticed that Chiriano's eyes were very blood shot and glassy. I also observed distinct and sustained nystagmus in the right eye and onset prior to 45 degrees in both the left and right eye. Based upon what I observed I decided to continue with additional tasks.

I placed Chiriano in the instructional stance for the walk and turn. I explained and demonstrated the instructions and she advised that she understood. During the first sequence Chiriano was able to successfully walk the nine steps without missing heel to toe or stepping off the line, but she kept her arms elevated for balance. When Chiriano completed the turn she lost her balance and stepped off of the line and also missed heel to toe on her next step.

I then placed Chiriano in the instructional stance in preparation for the one leg stand. I read and demonstrated the instructions and checked that Chiriano understood. When told to begin the task Chiriano raised her leg higher than approximately six inches and also failed to keep her toes pointed forward. Chiriano also was not counting or looking at her toe as instructed and had to be reminded after I gave her several seconds to correct herself. Chiriano additionally place her foot back down before the conclusion of the task.

I again placed Chiriano in the instructional stance and explained and demonstrated the instructions for the finger to nose task. After explaining and demonstrating Chiriano advised that she understood. Before I was able to tell her to begin she tilted her head back and closed her eyes, I had to remind her not to begin until I told her to do so. After I began the task on the second "left" sequence Chiriano did not touch the tip of her nose with her finger, instead she touched her upper lip. On another sequence when told "right", Chiriano used her left hand initially but corrected he movement halfway through.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Reece
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of Feb 20 20 by Reece, C.
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Law Enforcement Officer

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SCANNED
FEB 07 2020

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PBSO #0004 REV. 04/01

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 20033017

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
Chiriano, Ann, E		W	F	09/27/1970

CHARGES

Charge Description		Charge Description	
DUI	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
				( )	

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 1 day of Feb 20 20 at 14:52 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

I again placed Chiriano in the instructional stance at the conclusion of the finger to nose for the instructions for the romberg alphabet task. I explained the instructions to Chiriano and she stated that she under stood. During the task I only observed Chiriano slowly tilt her head back forward and lean backwards slightly.

Based on what I had observed during the FSTs I decide to place Chiriano under arrest, she was handcuffed behind her back and checked for tightness. I then transported Chiriano to the PBSO BAT where on arrival a twenty minute observation was conducted. After the twenty minute observation Chiriano was asked if she would submit to a test of her breath. She agreed to do so and gave a sample of .107 and .112. Through my investigation I have found probable cause to arrest and charge Chiriano with DUI in accordance with F.S.S. 316.193(1).

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Reece
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of Feb 20 20 by D/S C. Reece

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

PBSO 10001 REV. 01/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

SCANNED
FEB 02 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF Feb 20 20, AT 14:52 AM ✓ PM

SUBJECT: Chiriano Ann E CASE NUMBER: 20033017

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S C. Reece

PERSONAL CONTACT

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

No driving pattern was observed.

OBSERVATION OF DRIVER:

I detected a odor of alcohol both on Chiriano's person and from her vehicle. She also appeared to be unsteady on her feet and was slurring her words. Chiriano couldn't recall any details about the crash.

DRIVER'S STATEMENTS:

Chiriano stated that she was going home from the Palm Beach Outlet Mall, but advised that she became lost and was following her GPS.

ODORS:

Smelled of an alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Cooperative**

CLOTHING: **Red shirt, blue jeans, and black sneakers.**

MEDICAL/OTHER: **Depression and anxiety.**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Reece
(Signature of Arresting/Investigative Officer)

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SCANNED
FEB 02 2020

SUBJECT: Chiriano Ann CASE NUMBER 20033017

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:

WALK & TURN:

I placed Chiriano in the instructional stance for the walk and turn. I explained and demonstrated the instructions and she advised that she understood. During the first sequence Chiriano was able to successfully walk the nine steps without missing heel to toe or stepping off the line, but she kept her arms elevated for balance. When Chiriano completed the turn she lost her balance and stepped off of the line and also missed heel to toe on her next step.

ONE LEG STAND:

I then placed Chiriano in the instructional stance in preparation for the one leg stand. I read and demonstrated the instructions and checked that Chiriano understood. When told to begin the task Chiriano raised her leg higher than approximately six inches and also failed to keep her toes pointed forward. Chiriano also was not counting or looking at her toe as instructed and had to be reminded after I gave her several seconds to correct herself. Chiriano additionally place her foot back down before the conclusion of the task.

FINGER TO NOSE:

I again placed Chiriano in the instructional stance and explained and demonstrated the instructions for the finger to nose task. After explaining and demonstrating Chiriano advised that she understood. Before I was able to tell her to begin she tilted her head back and closed her eyes, I had to remind her not to begin until I told her to do so. After I began the task on the second "left" sequence Chiriano did not touch the tip of her nose with her finger, instead she touched her upper lip. On another sequence when told "right", Chiriano used her left hand initially but corrected he movement halfway through.

ROMBERG ALPHABET:

I again placed Chiriano in the instructional stance at the conclusion of the finger to nose for the instructions for the romberg alphabet task. I explained the instructions to Chiriano and she stated that she under stood. During the task I only observed Chiriano slowly tilt her head back forward and lean backwards slightly.

BREATH TEST RESULTS: 1) .107 | 2) .112 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Reece
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of Feb 20 20 by D/S C. Reece

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SCANNED
FEB 02 2020

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TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible]

CASE NUMBER: [illegible]

DATE: [illegible]

VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 1740

ENDING TIME: 1752

BREATH TESTS RESULTS: 1) .107 TIME 1746 A.M./P.M. (P.M. circled) 2) .112 TIME 1749 A.M./P.M. (P.M. circled)

3) n/a TIME — A.M./P.M. 4) n/a TIME — A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible] ODOR OF [illegible] ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: [illegible]

Δ AGREED TO TAKE TEST

[illegible]

Δ STATED [illegible] UNDERSTOOD RIGHT

[illegible]

Δ DECLINED TO [illegible]

[illegible] BREATH TEST [illegible] Δ [illegible]

[illegible] TEST RESULT

SCANNED
FEB 02 2020

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

PBSO #0129A REV.11/02

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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.

SCANNED
FEB 0 2 2020

SUSPECT'S SIGNATURE: (X)_____

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

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SUBJECT: [illegible] CASE NUMBER: 20-03[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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SCANNED
FEB 03 2020

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

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 02/01/2020

Date of Last Agency Inspection: 01/17/2020
Observation Period Began: 17:15
Subject's Name: ANN E CHIRIANO DOB: 09/27/1970 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	17:42
Air Blank	0.000	17:43
Control Test	0.080	17:43
Air Blank	0.000	17:44
Subject Sample #1	0.107	17:46
Air Blank	0.000	17:46
Air Blank	0.000	17:48
Subject Sample #2	0.112	17:49
Air Blank	0.000	17:49
Control Test	0.078	17:49
Air Blank	0.000	17:50
Diagnostics Check	OK	17:50

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 GARY J PARENT, 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: 02/01/20
Signature

Sworn to (or affirmed) before me this 01 day of FEBRUARY, 2020

_____ D/S C. REECE
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.

SCANNED
FEB 02 2020

FDLE/ATP FORM 38 (2) MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 20033017

ARRESTING OFFICER: D/S C. Reece

ADDRESS: 3228 Gun Club Rd

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

CAN TESTIFY TO: See report

NAME: Brett Schissler

ADDRESS: 16908 Bridge Crossing Cir, Delray Beach, FL 33446

PHONE NUMBERS (HOME) 954-610-8648 (WORK)

CAN TESTIFY TO: See report

NAME: D/S J. DeAngelo #31296

ADDRESS 3228 Gun Club Rd

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

CAN TESTIFY TO: See Sup

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FEB 02 2020

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.	
	☐			
	☐			
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	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2020003639	**Date:** 02/02/2020
	Specialist Name/ID: 7185

SCANNED
FEB 02 2020