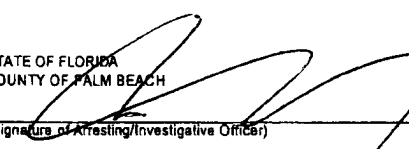
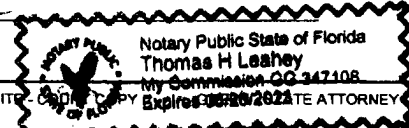


0528679		22 CT 490 SB		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N							
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-22-024520													
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01											
Location of Arrest (Including Name of Business) Lyons Rd and Boynton Beach Blvd, Boynton Beach, FL								Location of Offense (Business Name, Address) Lyons Rd and Boynton Beach Blvd, Boynton Beach, FL													
Date of Arrest 01/11/2022		Time of Arrest 2120		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Palm Beach Auto Disposal									
Name (Last, First, Middle) Petrillo, Barbara, Ann												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 1/31/1953		Height 5'06		Weight 130		Eye Color Haz		Hair Color Bro		Complexion Light		Build Small					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status Married		Religion Catholic		Indication of Alcohol Influence Drug Influence		Y N Unk. 0 0 0							
Local Address (Street, Apt. Number) 8170 Sandpiper Glen Dr, Lake Worth, FL 33467								(City)		(State)		(Zip)		Phone (954) 3832545		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number)								(City)		(State)		(Zip)		Phone ()		Address Source FL DL					
Business Address (Name, Street)								(City)		(State)		(Zip)		Phone ()		Occupation Front Desk Assistant					
D/L Number, State P364061535310, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) New York City, NY				Citizenship Yes					
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					
Parent Legal Custodian Other:		Name (Last)				(First)		(Middle)		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															
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 Description Driving Under The Influence with property Damage and/or injuries								Counts 01		Domestic Violence Y N		Statute Violation Number 316.193(3C1)				Violation of ORD #					
Drug Activity Drug Type Amount / Unit								Offense # 22-024520		Warrant / Capias Number				Bond							
Charge Description Leaving the Scene of A Crash with Property Damage								Counts 01		Domestic Violence Y N		Statute Violation Number 316.061(1)				Violation of ORD #					
Drug Activity Drug Type Amount / Unit								Offense #		Warrant / Capias Number				Bond							
Charge Description								Counts		Domestic Violence Y N		Statute Violation Number				Violation of ORD #					
Drug Activity Drug Type Amount / Unit								Offense #		Warrant / Capias Number				Bond							
Charge Description								Counts		Domestic Violence Y N		Statute Violation Number				Violation of ORD #					
Drug Activity Drug Type Amount / Unit								Offense #		Warrant / Capias Number				Bond							
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																					
Court Date and Time Month February Day 8 Year 2022 Time 8:30 AM X PM																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED																					
01/11/2022																					
Signature of Defendant (or juvenile and Parent/Custodian)																					
Date Signed																					
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Cpl. C Ward # 16305				I.D. # 16305									
Intake Deputy Barilla				I.D. # 16302				Pouch #				Transporting Officer D/S C. Ward				I.D. # 16305					
								Agency PBSO				Witness here if subject signed with an "X"				1 OF 1					

Did not leave

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22-024520				
	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) Petrillo, Barbara, Ann				Alias		Race W	Sex F	Date of Birth 1/31/1953
	Charge Description Driving Under The Influence with property Damage and/or injuries 316.193(3C1)				Charge Description Leaving the Scene of A Crash with Property Damage 316.061(1)				
CHARGES	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State of Florida, ,						Race —	Sex —	Date of Birth —
	Local Address (Street, Apt. Number) (City) (State) (zip)						Phone () ()		Address Source
	Business Address (Name, Street) (City) (State) (zip)						Phone () ()		Occupation
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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the <u>11</u> day of <u>January</u> 20 <u>22</u> at <u>2025</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p>While enroute to the call Dispatch advised that the caller stated that a Kia had struck their vehicle and was fleeing the area and the line disconnected. While responding to the area Cpl. Rodriguez # 13919 located the vehicle just south of Boynton Beach Blvd on Lyons Rd.</p> <p>Upon my arrival at the location of the vehicles the Kia SUV, PA Tag LFH3672 was stopped on the side of the road. A red Kia Van FL Y47JHK, tag was stopped at an angle in front of the Kia. The Kia SUV had damage to the front bumper of the vehicle. The red Kia Van had scuff marks to the rear bumper.</p> <p>Upon arrival the Driver of the Van, Eric Kovacs, stated that he was traveling West Bound on Boynton Beach Blvd, in the area of Acme Dairy Rd, when his vehicle was struck from behind. He stated that the vehicle that had struck his then went around him and continued West Bound. They were able to get the vehicle to stop.</p> <p>An inventory search of the vehicle was conducted prior to tow per PBSO policy. I located the with nothing to mention inside the vehicle. The vehicle was towed by rotation by Palm Beach Auto Salvage to their impound lot.</p> <p>Based on my investigation I found probable cause to charge the defendant with Leaving the scene of a crash with property damage pursuant to Florida State Statute 316.061(1) and Driving Under the influenc with property damage pursuant to Florida State Statute 316.193(3C1).</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  Cpl. C Ward # 16305 (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>January</u> 20 <u>22</u> by <u>Cpl. C. Ward</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u>								
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 								
	<div style="text-align: right;">PAGE <u>1</u> OF <u>1</u></div>								

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22-024520				
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other <input type="checkbox"/>		Special Notes:				
DEE	Name (Last, First, Middle) Petrillo, Barbara, Ann				Alias		Race W	Sex F	Date of Birth 1/31/1953
	Charge Description Driving Under The Influence with property Damage and/or injuries 316.193(3C1)				Charge Description Leaving the Scene of A Crash with Property Damage 316.061(1)				
CHARGES	Charge Description				Charge Description				
	Victim's Name (Last, First, Middle) State of Floirda, ,				Race -		Sex -	Date of Birth -	
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone ()				Address Source				
	Business Address (Name, Street) (City) (State) (zip) Phone ()				Occupation				
VICTIM	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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.								
	On the <u>11</u> day of <u>January</u> 20 <u>22</u> at <u>2025</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
NOT A CERTIFIED COPY									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="display: flex; justify-content: space-between; align-items: center;"> <div> (Signature of Arresting/Investigative Officer) </div> <div> Cpl. C Ward # 16305 </div> </div>								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>January</u> 20 <u>22</u> by <u>Cpl. C Ward # 16305</u>								
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. My Commission No. <u>Known LEO</u>								
	Notary Public, Clerk of Court, Officer (F.S.S. 107.10) <div style="display: flex; align-items: center;"> <div> Notary Public State of Florida Thomas H Leahey My Commission GG 347108 Expires 08/20/2023 </div> </div>								
PAGE OF 1									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF January 20 22, AT 2025 AM PM

SUBJECT: Petrillo, Barbara, Ann CASE NUMBER: 22-024520

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. C Ward # 16305

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

At approximately 2025 hrs, I was responded to the scene of a traffic collision with property damage near the intersection of Lyons Rd and Boynton Beach Blvd., in unincorporated Palm Beach County, Florida.

I arrived at the scene at approximately 2033 hours. My independent traffic collision investigation, based on physical evidence and witness statements, determined that, at approximately 2025 hours, the defendant rear-ended V2, a red Kia van, which was properly westbound at the red light. (See PBSO crash case #22-024507 for more detailed information about the crash).

Upon my arrival at the scene the defendant, Barbara Petrillo, who was later identified by her Florida Driver's License, was still sitting in the driver seat, as the sole occupant, of the Kia SUV.

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by their FL DL as, Barbara Petrillo, who was still sitting in the driver seat of the KIA SUV as the sole occupant. I observed that the defendant had watery. The defendant had normal speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me.

The defendant was asked to step out of the vehicle and move to the back of the vehicle. The defendant swayed while walking and while standing. AT this time I moved the defendant to the front of my PBSO patrol vehicle (Asset # 84125). She swayed while walking to the front of my vehicle. While standing still, with her feet approximately shoulder width apart, the defendant swayed while standing. I explained to the defendant that I was not conducting the traffic crash case but was conducting a criminal driving under the influence investigation. I read the defendant their Miranda rights from a Pre Printed PBSO Miranda Rights card. They stated they understood and voluntarily spoke with me. I asked how much they had had to drink. The defendant said that she had one glass of red wine filled approximately halfway in the glass.

I asked the defendant to perform voluntary roadside tasks. The defendant refused, so I gave the Taylor Warnings and explained the evidence that I had already observed odor of alcohol, admission to drinking alcohol, swaying while standing, swaying while walking, being involved in a traffic collision. I again asked the defendant to complete the voluntary roadside tasks and the defendant would not answer. The defendant was given multiple opportunities to perform the standardized Field Sobriety Tasks. The defendant would not consent or decline to complete the roadside task. The defendant was advised that if she did not give an answer as to completing that task it would be taken as a refusal to complete the task. The defendant continued to not give an answer as to whether she would complete the Standardized Field Sobriety Task. It was taken as a refusal to complete the task.

DRIVER'S STATEMENTS:

Post Miranda stated that she was coming from the area of Hagen Ranch Rd and Boynton beach Blvd and was traveling home. She stated that she had "tapped" the other car. When asked where the crash had occurred she stated that she was not good with directions and that she did not know where the crash occurred. When asked what road she was on she stated that she did not know the name of the road that she was on. She stated that she just knew the roads to get home at Valencia Shore (it should be noted that she was traveling South Bound and that Valencia Shores was to the North of where we were). When being given the probable cause that I had previous she stated to me that she was not swaying. She stated that she had no medical issues and had not taken any drugs and or smoked any marijuana. During our conversation she stated that she not longer wanted to speak with me and no further questions were asked. When she saw the fire trucks arrive on scene she became upset stating that the other party could not have been injured as it was just a tap.

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from the defendants breath and intensified as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: normal, calm

ATTITUDE: Varying, Calm, Upset, Scared

CLOTHING: Orange Long Sleeve Shirt Blue Pants.

MEDICAL/OTHER: The defendant stated that he had no known medical conditions.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. C Ward # 16305
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of January 20 22 by Cpl. C Ward # 16305

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

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



SUBJECT: Petrillo, Barbara, Ann

CASE NUMBER 22-024520

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Refused

WALK & TURN:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

refused

MODIFIED ROMBERG:

Refused

BREATH TEST RESULTS: .116 .120

STATE OF FLORIDA
COUNTY OF PALM BEACH

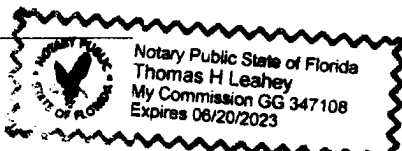
Cpl. C Ward # 16305

(Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of January, 20 22 by Cpl. C Ward # 16305

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

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





PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 22-024520 PBSO ZONE 6-62
AGENCY CASE # 22-024520 CRASH CASE # 22-024507
TIME OF STOP/CRASH 2025 DATE 01/11/2022 DAY Tuesday
SUBJECT'S NAME Petrillo, Barbara, Ann RACE W SEX F
HGT 5'06 WGT 130 DOB 1/31/1953
LOCATION Lyons Rd and Boynton Beach Blvd, Boynton Beach, FL
ARRESTING OFFICER'S NAME & ID D/S Christopher Ward # 16305 (16305) AGENCY Palm Beach County Sheriff's Office
DIVISION: Road Patrol D6
NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 2158
ARREST TIME 2120

BREATH RESULTS:

1 .116
2 .120
3 n/a
4 n/a

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a

WITNESS LIST

CASE NUMBER: 22-024520

ARRESTING OFFICER: Cpl. C Ward # 16305

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

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

CAN TESTIFY TO: DUI Investigation

NAME: Cpl. R. Rodriguez # 13919

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

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

CAN TESTIFY TO: Crash Investigaiton

NAME: D/S S. Kozlowski # 33865

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33415

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

CAN TESTIFY TO: Back Up Officer, Officer in Training

NAME: D/S K. Noel

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL

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

CAN TESTIFY TO: Back Up Officer

NAME: Eric Kovacs

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Petrillo, Barbara A CASE NUMBER: 22-024520

DATE: Jan 8, 2022 VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2221 ENDING TIME: 2231

BREATH TESTS RESULTS: 1) .116 TIME 2225 A.M. ☐ P.M. ☒ 2) .120 TIME 2228 A.M. ☐ P.M. ☒

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: talkative, upset crying

CLOTHING: black pants, orange l/s shirt, black shoes

MEDICAL CONDITIONS: Anxiety

MEDICATIONS: Zoloft

OTHER:

eyes are glassy and bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2158 hrs

subject agreed to perform breath test

A/O did not read rights - read rights on scene

tech read breath test results & subject understood breath test results

A/O did not attempt Q&A

subject declined to answer questions on scene

SUBJECT: Petrucci, Barbara A

CASE NUMBER: 22 024520

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) _____

Did not Read in camera

SUBJECT: Ret. 110, Barbara A CASE NUMBER: 22-024520

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: _____

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: 01/11/2022

Date of Last Agency Inspection: 12/03/2021

Observation Period Began: 21:58

Subject's Name: BARBARA A PETRILLO

DOB: 01/31/1953 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	22:23
Air Blank	0.000	22:23
Control Test	0.081	22:24
Air Blank	0.000	22:24
Subject Sample #1	0.116	22:25
Air Blank	0.000	22:25
Air Blank	0.000	22:27
Subject Sample #2	0.120	22:28
Air Blank	0.000	22:28
Control Test	0.079	22:29
Air Blank	0.000	22:29
Diagnostics Check	OK	22:29

Cylinder Lot: 19021080A2
Exp: 09/05/2023

State of Florida, County of Palm Beach

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

I THOMAS H LEAREY, 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: T Leary Date: 01/11/2022
Signature

Sworn to (or affirmed) before me this 11 day of January, 2022

[Signature] D/S C Ward # 16305
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.



**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	<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: 2022000941	Date: 1/12/2022
	Specialist Name/ID: Chantel Daniels/30347