

2117 3148  
ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21-042563</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>5105 Woolbright Rd, Boynton Beach FL</b>			Location of Offense (Business Name, Address) <b>5105 Woolbright Rd, Boynton Beach FL</b>			
Date of Arrest <b>03/07/2021</b>	Time of Arrest <b>0314</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Big City Towing</b>

Name (Last, First, Middle) <b>Gulino, Carolyn, J</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>1/17/1966</b>	Height <b>5'05</b>	Weight <b>125</b>	Eye Color <b>Bl</b>	Hair Color <b>Br</b>	Complexion <b>Fair</b>	Build <b>Slm</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>foot, ankle, back, arm</b>						Marital Status <b>Divorced</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>701 Avenue L Apt 103, Delray Beach, FL 33483</b>			(City)	(State)	(Zip)	Phone <b>(786) 325 2180</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source <b>DEFENDANT</b>	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation <b>Hostess</b>	
DL Number, State <b>G450110665170, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Jacksonville, FL</b>		Citizenship <b>US</b>

Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent	Name (Last)	(First)	(Middle)	Residence Phone		
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			(City)	(State)	(Zip)
<input type="checkbox"/> Other:				(City)	(State)	(Zip)

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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. 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
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Charge Description <b>Driving Under the Influence</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(4)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-042563</b>	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>	
Court Date and Time <b>Month 3 Day 25 Year 21 Time 8:30 AM X PM</b>	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED	
Signature of Defendant (or Juvenile and Parent /Custodian) <i>Carolyn Gulino</i>	Date Signed <b>03/07/2021</b>

HOLD for other Agency Name:	Signature of Arresting Officer <b>x</b>	Name, Verification (Printed by Arrestee) <b>SCANNED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) <b>Cpl. A. Soloway 8586</b>	(PRINT) I.D. # <b>858 MAR 09 2021</b>
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Transporting Officer <b>A. SOLOWAY 8586</b>	Agency <b>PBSO</b>
Intake Deputy <b>Dunne 680</b>	I.D. #	Pouch #
Witness here if subject signed with agency <b>1 OF 1</b>		

ADMIN	Agency ORI Number <b>FLO 50000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 21-042563</b>
	Charge Type: Check as many as apply.		Special Notes:

1. Felony	3. Misdemeanor	5. Ordinance
2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	6. Other

Name (Last, First, Middle) <b>Gulino, Carolyn, J</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>1/17/1966</b>
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Charge Description <b>DUI</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State of Florida , ,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip) Phone ( )	Address Source <b>FL DL</b>		
Business Address (Name, Street) (City) (State) (zip) Phone ( )	Occupation <b>N/a</b>		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the 7 day of March 2021 at 0200  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On March 7, 2021 at approximately 0200 hours, I was dispatched to a suspicious vehicle on Palm Beach County Fire Station 41, located at 5105 Woolbright Rd in unincorporated Boynton Beach, Palm Beach County.

PBCFR Station 41 described the vehicle as a white 4 door sedan, that had parked in the back of the fire station near there gas pumps. The vehicle stayed there for approximately 3 minutes, with the lights turned off and no one exiting the vehicle. As I was en-route to fire station, I noticed a white 4 door sedan driving westbound from the area of the fire station, driving very slow. Simultaneously dispatch had updated me saying the vehicle had just left the fire station. I made a U-turn to head westbound to be able to locate the vehicle. While driving westbound I saw from a distance a white 4 door sedan stopped at the entrance of the community of Majestic Isles (10950 Imperial Seas Blvd) approximately 20 yards from the gate/guard house. I pulled behind the vehicle and waited approximately 15-20 seconds before activating my red and blue emergency lights to conduct a welfare check on the driver of the vehicle. As I approached the drivers side door I was able to smell the strong odor of alcohol as the driver lowered their window. The driver identified herself as Carolyn Gulino. I asked Carolyn if she was alright and if she knew where she was at. Carolyn could not tell me where she was at only that she was coming from a friends house and lives in Delray Beach.

This investigation was turned over to Investigator Soloway

NOT A

STATE OF FLORIDA  
COUNTY OF PALM BEACH

DS M Alexander

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of March 2021 by D/S M. Alexander 30589  
Known LEO

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

Cpl A Soloway 8586  
Notary Public, Clerk of Court, Officer (F.S.S. 117 10)

ADMINISTRATIVE

PROBABLE CAUSE STATEMENT

CHARGES DEF

ADMIN

SCANNED  
MAR 09 2021

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF March 20 21, AT 0207 AM PM

SUBJECT: Gulino, Carolyn, J CASE NUMBER: 21-042563

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. A. Soloway 8586

## PERSONAL CONTACT

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

I responded to assist DS M Alexander #30589 with a possible impaired driver. Upon my arrival he advised me:

On March 7, 2021 at approximately 0200 hours, I was dispatched to a suspicious vehicle on Palm Beach County Fire Station 41, located at 5105 Woolbright Rd in unincorporated Boynton Beach, Palm Beach County.

PBCFR Station 41 described the vehicle as a white 4 door sedan, that had parked in the back of the fire station near there gas pumps. The vehicle stayed there for approximately 3 minutes, with the lights turned off and no one exiting the vehicle. As I was en-route to fire station, I noticed a white 4 door sedan driving westbound from the area of the fire station, driving very slow. Simultaneously dispatch had updated me saying the vehicle had just left the fire station. I made a U-turn to head westbound to be able to locate the vehicle. While driving westbound I saw from a distance a white 4 door sedan stopped at the entrance of the community of Majestic Isles (10950 Imperial Seas Blvd) approximately 20 yards from the gate/guard house. I pulled behind the vehicle and waited approximately 15-20 seconds before activating my red and blue emergency lights to conduct a welfare check on the driver of the vehicle. As I approached the drivers side door I was able to smell the strong odor of alcohol as the driver lowered their window. The driver identified herself as Carolyn Gulino. I asked Carolyn if she was alright and if she knew where she was at. Carolyn could not tell me where she was at only that she was coming from a friends house and lives in Delray Beach.

## OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of her vehicle. As she exited the vehicle she was unsteady on her feet. I could smell the odor of an unknown alcoholic beverage on her breath. This odor intensified as she spoke. Her speech was slurred. She was swaying while standing. She displayed mood swings during this investigation.

## DRIVER'S STATEMENTS:

The defendant stated she was coming from a friend's house and was heading home. She said we were currently in Delray or Boca, we were actually in Boynton Beach. She said she left her friend's house at 11, she later said she left work at 11 and her friend's house at 12. She said she drank two vodka drinks while at work at Crazy Uncle Mikes. She said the current time was approximately midnight, it was actually approximately 2:30am. She denied having any medical conditions or physical abnormalities.

## ODORS:

I could smell the odor of an unknown alcoholic beverage on her breath. This odor intensified as she spoke.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant, crying

CLOTHING: gray shirt, gray pants, tan shoes

MEDICAL/OTHER: stated none

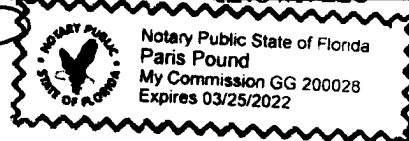
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Cpl. A. Soloway 8586  
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of March 2021 by Cpl. A. Soloway 8586

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

Paris Pound (#24639)  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
MAR 09 2021

SUBJECT: Gulino, Carolyn, J

CASE NUMBER 21-042563

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

The defendant move her head several times. She separated her feet several times. She lost her balance during this task. She began crying during this task.

**WALK & TURN:**

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant was unable to maintain her balance during the instructions. She began before being instructed to begin. She stepped off the line numerous times. She missed heel to toe numerous times. She was unable to complete this task, she stated it's "not gonna happen". She stated she was in "big trouble".

**ONE LEG STAND:**

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant began this task before being instructed. She used her arms for balance. She raised her foot and immediately put it down on three attempts. She began crying during this task.

**FINGER TO NOSE:**

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant missed finger to nose on all attempts. She was swaying during this task. She opened her eyes several times. She separated her feet during this task.

**ROMBERG ALPHABET:**

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant was swaying during this task. She incorrectly recited the alphabet.

**BREATH TEST RESULTS:** 1)  2)  3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Cpl. A. Soloway 8586

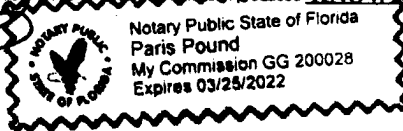
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of March 20 21 by Cpl. A. Soloway 8586

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

Paris Pound (#24639)

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



SCANNED  
MAR 09 2021

# WITNESS LIST

CASE NUMBER: 21-042563

ARRESTING OFFICER: Cpl. A. Soloway 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK)                     

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS M Alexander #30589

ADDRESS: PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: STOPPING DEPUTY

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED  
MAR 09 2021

# TESTING FACILITY TASK REPORT

AGENCY:   
SUBJECT:   
CASE NUMBER:   
DATE:   
VIDEO DVD NUMBER:   
BEGINNING TIME:   
ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.   
2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.   
4)  TIME  A.M.  P.M.

BREATH OPERATOR:   
MAINTENANCE TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:   
ATTITUDE:   
CLOTHING:   
MEDICAL CONDITIONS:   
MEDICATIONS:

OTHER:

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:38 HRS.  
SUBJECT: AGREED , THEN STATED WHAT IF SHE DO NOT WANT TO TAKE TEST  
A/O: READ I/C  
SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST  
A/O: READ RIGHTS  
SUBJECT: STATED SHE UNDERSTOOD RIGHTS  
TECH: READ TEST RESULTS  
SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS  
A/O: CONDUCTED Q&A  
SUBJECT: ANSWER QUESTIONS

SCANNED  
MAR 09 2021

SUBJECT: Colino, Carolyn J CASE NUMBER: 21-042563

**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) Carolyn J Colino

**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

MAR 09 2021

SUSPECT'S SIGNATURE: (X) Carolyn J Colino

SUBJECT: Julino, Carolyn J CASE NUMBER: 21-042563

### 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Federal

DIRECTION OF TRAVEL? N WHERE DID YOU START? Front on Federal

WHAT TIME DID YOU START? 11:30 WHAT TIME IS IT NOW? 1:20

WHAT IS TODAY'S DATE? 3/6 WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? PER

WHEN DID YOU LAST EAT? 8? WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? Yes WHAT? Vodka

HOW MUCH? 2 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 10 AND YOUR LAST DRINK? 11

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Historian WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No 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? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

SCANNED  
MAR 09 2021

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: 80-006478 Software: 8100.27  
Date of Test: 03/07/2021

Date of Last Agency Inspection: 02/12/2021  
Observation Period Began: 03:38  
Subject's Name: CAROLYN J GULINO

DOB: 01/17/1966 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		04:05
Air Blank	0.000	04:06
Control Test	0.079	04:06
Air Blank	0.000	04:07
Subject Sample #1	0.296	04:07
Air Blank	0.000	04:08
Air Blank	0.000	04:10
Subject Sample #2	0.297	04:10
Air Blank	0.000	04:11
Control Test	0.079	04:11
Air Blank	0.000	04:12
Diagnostics Check OK		04:12

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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 PARIS D POUND, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

Date: 03/07/21

Sworn to (or affirmed) before me this 7<sup>th</sup> day of MARCH, 2021

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 – 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 <u>pertaining to mobilization deployment or tactical operations.</u>	
	<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 checked="" 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.	7
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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021005686	Date: 03/08/2021
	Specialist Name/ID: C. Denzel/8691

SCANNED  
MAR 09 2021