

21CT 5482

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21052484	
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 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) SOUTHERN BLVD / C RD, LOXAHATCHEE, FL 33470				Location of Offense (Business Name, Address) Southern Blvd / C Rd Loxahatchee, FL 33470			
Date of Arrest 04/06/2021	Time of Arrest 00:21	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle SISTERS TOWING	
Name (Last, First, Middle) SMITH, CASSANDRA, D				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W F	Date of Birth 11/20/1992	Height 5'05	Weight 125	Eye Color BLUE	Hair Color BLONDE	Complexion Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status Single	Religion CATHOLIC	Indication of Alcohol Intoxication 1. City 2. County 3. Florida 4. Out of State	
Local Address (Street, Apt. Number) 806 E. WINDWARD WAY, LANTANA, FL 33462				Phone (774) 766-1577	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 76 LAKESIDE AVE, LAKEVILLE, MA 02347				Phone ()	Address Source VERBAL / MA DL		
Business Address (Name, Street) ()				Phone ()	Occupation ACCOUNTANT		
DL Number, State S530104929200, MA		INS Number		Place of Birth (City, State) PROVIDENCE, RI		Citizenship USA	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone		Business Phone	
Notified by: (Name)		Date	Time	Juv. 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 365-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
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
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1)(A)		Violation of ORD #	
Drug Activity U	Drug Type U	Amount / Unit	Offense # 21052484	Warrant / Capias Number		Bond	
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		Bond	
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		Bond	
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		Bond	
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600							
Court Date and Time Month APRIL Day 29th Year 2021 Time 08:30 AM <input checked="" type="checkbox"/> 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.							
Signature of Defendant (or Juvenile and Parent /Custodian) Refused				Date Signed 04/06/2021			
HOLD for other Agency Name:		Signature of Arresting Officer X		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) Inv. Cisson ID# 24091		I.D. # 24091	
Intake Pouch #		Transporting Officer Inv. Cisson		ID # 24091		Agency PBSO	
Witness here if subject signed with an "X"				PAGE 1 OF 1			

APR 06 2021

JH 0522492

PJH 2977

PSO #148 REV. 01/10

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

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request For Warrant	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06				
Charge Type: Check as many as apply		Special Notes						
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other								
Defendant Name (Last, First, Middle) SMITH CASSANDRA DIANE				Race W	Sex F	Date of Birth 11/201992		
Charge DUI		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) STATE OF FL				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <u>05</u> day of <u>APRIL</u> 20 <u>21</u> at <u>2320</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

On 04/05/2021 at 2301 hours, I was dispatched to the area of SR-880 and SR-80 in reference to a reckless driver. It was advised over the radio that the vehicle in question, a Silver in color Lexus bearing an out of state tag, was driving all over the roadway, accelerating and stopping multiple times, and running other vehicles off the roadway. It was advised that the vehicle in question was potentially being driven by multiple juveniles and was possibly stolen. While sitting at Arden and SR-80, I observed a silver in color Lexus SUV pass me heading Eastbound at a high rate of speed and failing to maintain a single lane of travel. I then attempted to catch up to the vehicle to confirm the that the vehicle in question was in fact the vehicle that was being searched for.

While attempting to catch the vehicle in question to confirm identity, the vehicle was failing to maintain lane and would sporadically accelerate between the approximate speeds of 80 M.P.H. and 95 M.P.H. almost triking another vehicle in the process. While traveling Eastbound just east of SR-80 and C Rd, the vehicle in question spontaneously decelerated rapidly from approximately 80 M.P.H. to 30 M.P.H. causing myself to brake rapidly to avoid striking the vehicle. Shortly after, the vehicle in question stopped on its own in the area of 14800 BLK of SR-80.

After multiple units arrived on scene the driver, later identified as Cassandra Smith, was verbally instructed from the vehicle. As she exited the vehicle I observed the following: she was unable to stand steadily, had slurred speech when speaking to deputies, and had trouble understanding instructions given to her, consisting of "walk to me" and "turn around". Due to the suspected level of intoxication, as well as the location, Cassandra Smith was placed into PBSO issued handcuffs, double locked and checked for fightness for her safety. Cassandra Smith was then placed into the rear of my PBSO marked patrol vehicle with rear camera running and a DUI investigator was called to the scene for further investigation.

***This completes my involvement in the case.

The foregoing instrument was sworn to and affirmed before me this <u>05</u> day of <u>APRIL</u> 20 <u>21</u> by:			
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <i>Inv. Cissan</i>		Name of Arresting/Investigating Officer K. CIOFFOLETTI 31313	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <i>[Signature]</i>		Signature of Arresting/Investigating Officer <i>[Signature]</i>	

SCANNED
APR 06 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5th DAY OF April 2021, AT 22:53 AM PM

SUBJECT: SMITH, CASSANDRA, D CASE NUMBER: 21052484

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson ID# 24091

PERSONAL CONTACT

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

On 04/05/2021 at 23:01 hours, Deputy Cioffoletti ID# 31313, was dispatched to the area of Southern Blvd and State Rd 880 in reference to a reckless vehicle driving eastbound on Southern Blvd. Upon his arrival to the area he observed a silver in color Lexus RX 450 driving eastbound that matched the description of the call. He positioned himself behind the vehicle and observed the vehicle could not maintain a single lane. He also observed the vehicle speed was between 80mph and 95mph. The vehicle then decelerated from 80mph to 30 mph. The vehicle suddenly stopped along the south side of the roadway. D/S Cioffoletti verbally instructed the driver to exit the vehicle. The driver was later identified by her Massachusetts driver license as Cassandra D. Smith dob: 11/20/1992. She was the only person in the vehicle.

OBSERVATION OF DRIVER:

I observed that the defendant was sitting in the rear of a patrol vehicle. She was already handcuffed. I asked her to step out of the vehicle and her handcuffs were removed. I asked her to walk to the front of my patrol vehicle so we could speak to which she agreed. I observed she had an unsteady gait while she walked to my car. While walking behind her, I could smell a strong odor of an unknown alcoholic beverage. Once in front of my vehicle I observed her eyes were bloodshot and glassy. While standing in front of me I noticed she could not maintain a normal standing position. She continuously stumbled while attempting to stand stationary.

At the BAT, the defendant refused to accept/sign her DUI citation.

DRIVER'S STATEMENTS:

I explained to the defendant, due to her being in handcuffed in the rear of patrol vehicle, she was being detained. I read her Miranda Warning to which she stated she understood. I asked her for her phone number, she declined. I asked her if she had any injuries, she said a foot thing and picked her foot up off the ground and grabbed her ankle. I asked if she had any physical defects, she said no. I asked if she wore glasses or contacts she replied no. I asked her if she was driving, she replied yes. I asked if she had epilepsy, she said yes and her last episode was about 6 years ago. I asked if she had diabetes, she replied no. I asked if she got a bump on the head, she said no. I asked if she had anything to drink, she said yes. She had a White Claw and Presecco Champagne.

ODORS:

Strong odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Clear, Repetitive

ATTITUDE: Calm, Compliant

CLOTHING: Clean, White dress

MEDICAL/OTHER: Anxiety, depression, allergies, bipolar

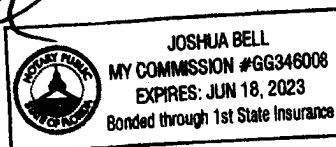
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of April 2021 by Inv. Cisson ID# 24091

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: SMITH, CASSANDRA, D

CASE NUMBER 21052484

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:

I had to remind her multiple times to not move her head and follow the stimulus. When she did follow the stimulus with her eyes, she would stop and look back at me. I reminded her again to follow the stimulus. She continued to move her head and stopped following the stimulus multiple times. Defendants eyes displayed vertical gaze nystagmus. During the task, she swayed and stumbled multiple times.

WALK & TURN:

The defendant could not maintain the instructional stance. I allowed her to stand with her feet side by side while I provided the instructions. The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant did not touch heel to toe, stepped off the line multiple times, raised her arms more than 6 inches for balance, stopped the task before it was complete. She asked if she could start over. I allowed her restart the task. She restarted the task and lost her balance and almost fell to the ground. The task was concluded for her safety.

ONE LEG STAND:

I explained and demonstrated the task. The defendant stated she understood the instructions. During the task the defendant stumbled, put her foot down 3 times, used her arms for balance. During her attempt to keep her leg elevated, she almost fell to the ground again. The defendant was unable to complete the task. The task was concluded for her safety.

FINGER TO NOSE:

I explained and demonstrated the task. The defendant stated she understood the task. During the task she swayed. The defendant touched the tip side of her finger on the third attempt to the nostril. The defendant raised her left arm when I called for right. The defendant almost fell backwards after the fifth attempt. The task was concluded for her safety.

ROMBERG ALPHABET:

I explained and demonstrated the task. The defendant stated she understood the task. During the task, she swayed heavily, opened her eyes, stopped and looked at me and then began again. When she reached the letter N, she opened her eyes and said "fuck".

BREATH TEST RESULTS: REFUSED REFUSED REFUSED REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

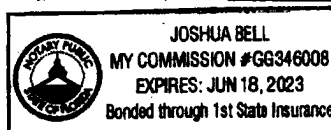
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of April 2021 by Inv. Cisson ID# 24091

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

Joshua Bell (#8656)

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



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 TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0104 HOURS
SUBJECT ASKED IF SHE HAD TO TAKE THE BREATH TEST

A/O READ I.C 2 TIMES AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD I.C AND STATED SHE WOULD TAKE BREATH TEST
WHILE SETTING UP THE INSTRUMENT SUBJECT STATED SHE WOULD RATHER NOT TAKE BREATH TEST
AFTER SEVERAL MINUTES OF CHANGING HER MIND SUBJECT WOULD NOT GIVE A CLEAR ANSWER
WHEATHER OR NOT SHE WOULD TAKE BREATH TEST

A/O EXPLAINED THAT IF SHE DIDNT STATED YES OR NO WHEN ASKED TO PROVIDE A BREATH TEST HE
WOULD TAKE IT AS A REFUSAL

A/O CALLED A REFUSAL

A/O READ RIGHTS / SUBJECT ASKED FOR A LAWYER

SUBJECT STATED SHE THINKS SHE SHOULD TAKE BREATH TEST

A/O ASKED IF SHE WANTED TO PROVIDE A BREATH SAMPLE / SUBJECT STATED SHE WOULD TAKE BREATH
TEST. SUBJECT AGAIN CHANGED HER MIND AND SAID SHE DOES NOT THINK SHE SHOULD AFTER A SEVERAL
TIMES BACK AND FORTH WITH THE A/O SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O CALLED A REFUSAL AT 0153 HOURS

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: 80-006029 Software: 8100.27
Date of Test: 04/06/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 01:04

Subject's Name: CASSANDRA D SMITH

DOB: 11/20/1992 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	01:46
Air Blank	0.000	01:46
Control Test	0.081	01:46
Air Blank	0.000	01:47
Subject Sample #1	NSP*	01:50
Air Blank	0.000	01:50
Air Blank	0.000	01:52
Subject Sample #2	REF**	01:53
Air Blank	0.000	01:53
Control Test	0.080	01:53
Air Blank	0.000	01:54
Diagnostics Check	OK	01:54

*No Sample Provided

**Subject Test Refused

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 JOSHUA J BELL, 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: 04/06/21

Sworn to (or affirmed) before me this 06 day of April, 2021

Signature of Notary Public-State of Florida

INV. J. Cisson #24091
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.

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

I, Investigator JACKIE CISSON, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the SIXTH day of April, 2021, at 12:21 AM

DRIVER CASSANDRA DIANE SMITH
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # S530104929200, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator JACKIE CISSON and
(Name of Arresting Officer)
issued Citation # AEA7ESE

That on or about the SIXTH day of April, 2021, at 1:53 AM
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 (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.



Signature of Law Enforcement Officer or
Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 06 day of April, 2021
by INV. J. CISSON

who is personally known to me or who has produced
KNOWN as identification.

Notary Public 

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.

SUBJECT: Smith, Cassandra D CASE NUMBER: 21-052484

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: INV. J. C. SISCO #24091

SUBJECT: Smith, Cassandra D

CASE NUMBER: 21-052484

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) _____

Read on camera

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) _____

Read on camera

WITNESS LIST

CASE NUMBER: 21052484

ARRESTING OFFICER: Inv. Cisson ID# 24091

ADDRESS: 3228 GUN CLUB RD

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

CAN TESTIFY TO: FACTS OF THE CASE

NAME: D/S CIOFFOLETTI ID# 31313

ADDRESS: 3228 GUN CLUB RD

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

CAN TESTIFY TO: FACTS OF THE CASE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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

REVIEW COMPLETED BY

Booking Number: 2021008263	Date: 04/09/2021
	Specialist Name/ID: T Howard/7185