

0498368

20CT 6751

3996

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies
1 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- 20-072207	
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 NONE		Multiple Clearance Indicator 02			
Location of Arrest (Including Name of Business) W. Lantana Rd / Arnold Ave				Location of Offense (Business Name, Address) W. Lantana Rd / Arnold Ave			
Date of Arrest 05/27/2020	Time of Arrest 0127	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Big City Towing	
Name (Last, First, Middle) Pesaturo Chelsea Nicole		Sex F		Date of Birth 07/20/1991		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian W		Height 5'3	Weight 125	Eye Color Green	Hair Color Brown	Complexion Light	Build Small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Multiple Tattoos		Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 5743 Lake Gorce Cir		(City) Lake Worth	(State) FL	(Zip) 33463	Phone (561) 596-5706		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source FLORIDA DRIVER LICENSE
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation
D/L Number, State P236-114-91-760-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) West Palm FL	
Citizenship Yes		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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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		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		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE		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 N	Drug Type N	Amount / Unit Refused	Offense # 20-072207	Warrant / Capias Number		Bond OR	
Charge Description No valid DL		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 322.03(1)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond OR	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Court Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406							
Court Date and Time Month July Day 16 Year 2020 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 05/27/2020							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer INV. M. SMITH		Name Verification (Printed by Arrestee) (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. M. SMITH		I.D. #	
Intake Deputy [Signature]		I.D. #	Pouch #	Transporting Officer Smith		ID # 9621	Agency PBSO
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)				Witness here if subject signs with me SCANNED			

SUBJECT Pesaturo

Chelsea

CASE NUMBER

20-072207

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:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS:

REFUSED

REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of May 2020 by INV. M. SMITH

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

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



SCANNED
MAY 27 2020

WITNESS LIST

CASE NUMBER: 20-072207

ARRESTING OFFICER: INV. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S Frommer 31297

ADDRESS: 3228 Gun Club Rd West Palm Beach Fl 33406

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

CAN TESTIFY TO: Supplemental PC, Stopping Deputy

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (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 _____

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CAN TESTIFY TO: _____

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ADDRESS _____

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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

MAY 27 2020

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: PESATURO, CHELSEA N CASE NUMBER: 20-072207

DATE: 05/27/2020 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:16 ENDING TIME: 02:18

BREATH TESTS RESULTS: 1) R TIME 02:17 A.M. P.M. 2) N/A TIME N/A A.M. P.M.

3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

REFUSED

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK PANTS, BLACK JACKET, BLACK/WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:51 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD REFUSE TO TAKE TEST AGAIN

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

REFUSED

SCANNED
MAY 27 2020

SUBJECT: PESATURO, CHELSEA N CASE NUMBER: 20-072207

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 **SCANNED** MAY 27 2020

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

SUBJECT: PE SATURU, CHELSEA N CASE NUMBER: 20-072207

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: _____

SCANNED
MAY 27 2020

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

I, INV. M. SMITH, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 27 day of May, 20 20, at 0127 P.M. A.M.

DRIVER Chelsea Nicole Pesaturo
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

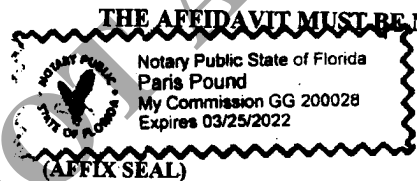
DL# P236-114-91-760-0, state of FLORIDA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by INV. M. SMITH and
issued Citation # A2GD79- (Name of Arresting Officer)

That on or about the 27 day of May, 20 20, at 02:17 P.M. A.M.

in PALM BEACH County,

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

Signature of Law Enforcement Officer or
Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before
me this 27 day of May, 20 20,
by INV. M. SMITH

Signature of Attesting Officer
Title
Date / / 2020

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

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.

Notary Public

SCANNED
MAY 27 2020



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"/>			
Other	<input type="checkbox"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	119.0712 (2)	Other: Personal information contained in a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2020013586	Date: 5/27/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
MAY 27 2020