

0517566

20CT8769 MB

3083

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-089191</b>		
	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1		
	Location of Arrest (Including Name of Business) <b>SR 90 AND LAMSTEIN WAY ROYAL PALM BEACH FL 33411</b>				Location of Offense (Business Name, Address) <b>SR 90 AND LAMSTEIN WAY, ROYAL PALM BEACH FL 33411</b>				
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>GARDEN'S TOWING</b>		
	Name (Last, First, Middle) <b>Borden, Cinnamon, K</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth <b>9/25/1996</b>	Height <b>5'01</b>	Weight <b>100</b>	Eye Color <b>GRN</b>	Hair Color <b>BRO</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTS BOTH ARMS/SIDE</b>		Marital Status <b>Divorced</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>		
	Local Address (Street, Apt. Number) <b>6456 S Mangrove Cay Way # 461, Lantana, FL 33462</b>		(City)	(State)	(Zip)	Phone <b>(561) 5861043</b>	Address Source <b>DEFENDANT</b>		
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Occupation		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
	D/L Number, State <b>B635111968450, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>DELRAY BCH 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		
JUVENILE	Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Residence Phone		Business 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		Date		
	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 <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #		
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>20-089191</b>	Warrant / Capias Number		Bond <b>OR</b>		
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) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>									
Court Date and Time Month <b>AUGUST</b> Day <b>13</b> Year <b>2020</b> Time <b>0830</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. <b>07/20/2020</b>									
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"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV E. K. WHITE</b>		I.D. # <b>7209</b>		(PRINT)			
Intake Deputy <b>DS 6011157622</b>		I.D. #		Pouch #		Transporting Officer <b>INV E. K. WHITE</b> ID # <b>7209</b> Agency <b>PBSO</b>			
Witness here if subject signed with an "X"						PAGE <b>8</b> OF 1			

SCANNED  
JUL 21 2020 PM

JUL 20 AM 3:59



PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-20-089191</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input checked="" type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>Borden, Cinnamon, K</b>	Alias	Race W	Sex F	Date of Birth 9/25/1996
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Charge Description <b>DUI</b>	Charge Description 316.193(1)A	Charge Description
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Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)

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.

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 20 day of JULY 2020 at 0117  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On Monday, July 20, 2020 at approximately 0127 hours, I responded to State Road 80 and Lamstein Way in the Village of Royal Palm Beach (Palm Beach County) Florida to assist Deputy George McMahon with a traffic stop that involved a possible drunk driver. Upon my arrival I noticed D/S McMahon patrol vehicle stopped on Lamstein Way behind a black pick up truck. Both vehicles were facing north. Back up vehicles were also on scene. I made contact with D/S McMahon who wrote the following sworn witness statement on a probable cause affidavit: On July 20, 2020 at approximately 0115 hours, I was conducting traffic enforcement in the area of State Road 7 and 105th Ave N in my marked patrol car in the Village of Royal Palm Beach, Florida. I observed a black truck heading west on Southern Blvd. I visually estimated the speed to be above the speed limit and I also note that there was a headlight out on the passenger side of the vehicle and that the driver was using the accessory light bar affixed to the front of the vehicle for lighting blind the cars in front of them. I then pulled in behind the vehicle which was bearing Florida tag of NKEX24. Upon giving the dispatcher the tag, location and type of vehicle, I activated my emergency light to conduct the traffic stop for the violation that observed. The vehicle came to a stop on Lamstein Lane and Southern Blvd. I then exited my patrol car to make contact with the driver and inform them of the reason for the traffic stop. When i made contact with the female driver, I observed that she had glassy watery eyes an was slurring her words as she was speaking with me. Based on my observations of the driver and my training and experience, I believe the driver to be under the influence of and alcoholic beverage or drug. I then called for a DUI unit to respond to my location to conduct a DUI investigation. DUI Investigator White arrived and i informed him of why i conducted the stop and of my observations of the driver. The stop was then turned over to Investigator White for his DUI investigation: I made contact with the driver who was currently sitting in the driver seat of the previously mentioned vehicle. A white male subject was sitting in the front passenger seat. The driver was later identified as Cinnamon K Borden by her Florida driver license. I noticed her eyes were glassy and watery. Her pupils were pin pointed. Her cheeks were flushed, mouth dry and she slurred her speech while speaking. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. She was wearing blue jeans, a black tank top shirt and gray shoes. I explained that the deputy who stopped her suspected that she had been drinking an unspecified amount of unknown alcoholic beverages. She nodded her head in approval.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**INV E. K. WHITE**  
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of JULY 2020 by INV E. K. WHITE

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

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

Notary Public State of Florida  
**Renee Regis**  
My Commission No. SG 988412  
Expires 03/05/2024

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 20-089191</b>
Charge Type: Check as many as apply.	<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	Special Notes:

Name (Last, First, Middle) <b>Borden, Cinnamon, K</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>9/25/1996</b>
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Charge Description <b>DUI</b>	<b>316.193(1)A</b>	Charge Description
Charge Description		Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)

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 \_\_\_\_\_  
 confessed to \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the **20** day of **JULY** 20**20** at **0117**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

**I told her I shared his suspicion of her alcoholic beverage consumption which was based on the previously mentioned indicators of impairment she exhibited. Based on my suspicion I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She obliged. I asked the defendant to step out of the vehicle. Once out of the vehicle I watched the defendant sway from side to side and remain unsteady while standing. On occasion go on the nod as she closed her eyes slowly given the appearance that she was asleep. Prior to her performance I asked if she had any physical problems with her body that would inhibit her from performing light physical exercises. I also asked if she was taking medication. She told me she neither had anything wrong with her physically, nor is she taking medication. I escorted her to a level surface that was smooth and free from obstructions and debris. This area was well lighted by my headlights and ambient lighting in the area. I could now smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing her left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Their deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the deputy's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. I did a cursory search of her outer garments. Afterward I placed her in handcuffs (double locked and checked for tightness) prior to seating her into the rear of my patrol car. D/S McMahon arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Garden's Towing responded and impounded her vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the nursing station for a preliminary check for the COVID virus. Afterward I escorted her into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining her alcohol content. She obliged. The defendant gave two adequate breath samples that rendered results of .201 and .194. I advised her of her Constitutional Rights in which she acknowledged. I asked if she would consent to an interview. She obliged. She was booked into the main jail on the charge of DUI.**

STATE OF FLORIDA  
 COUNTY OF PALM BEACH  
**INV E. K. WHITE**  
 (Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **20** day of **JULY** 20**20** by **INV E. K. WHITE**  
 (Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

Notary Public, Clerk of Courts Officer (F.S.S. 117.10)  
 Notary Public State of Florida  
**Renee Ragin**  
 My Commission **GG 000418**

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF JULY 2020, AT 0117 AM PM

SUBJECT: Borden, Cinnamon, K CASE NUMBER: 20-089191

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

## PERSONAL CONTACT

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

**SEE PC AFFIDAVIT**

OBSERVATION OF DRIVER:

**SEE PC AFFIDAVIT**

DRIVER'S STATEMENTS:

**I HAVE BEEN DRINKING**

ODORS:

**STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH**

## GENERAL OBSERVATIONS

SPEECH: **SLOW AND SLURRED**

ATTITUDE: **JOVIAL LETHARGIC AND COOPERATIVE**

CLOTHING: **NORMAL**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of JULY 2020 by INV E. K. WHITE

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

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



SUBJECT: Borden, Cinnamon, K

CASE NUMBER 20-089191

**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:**

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

**WALK & TURN:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain her balance while placed in the instructional position. She swayed and abandoned the position. During her performance she failed to touch heel to toe, she stepped off the line, she raised her arms away from her side, she turned improperly and stumbled, she stepped off the line and did not keep her balance while walking

**ONE LEG STAND:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain her balance while her leg/foot was elevated, she dropped her foot on the roadway more than three times, she raised her arms away from her side. I ceased in continuing this task for safety concerns.

**FINGER TO NOSE:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task, she failed to touch the tip of her finger to the tip of her nose on all attempts. Rather she touched the sides of her nostrils, the bridge of her nose and underneath her nose. She flinched the wrong hand on the counter request

**ROMBERG ALPHABET:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed during her performance but recited the alphabet without flaw

BREATH TEST RESULTS: 1) .201 2) .194 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of JULY 2020 by INV E. K. WHITE

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

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



# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BORDEN, CINNAMON K

DATE: Jul 20, 2020

BEGINNING TIME: 02:44

ENDING TIME: 03:03

CASE NUMBER: 20-089191

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) .201 TIME 2:48 A.M.  P.M.  2) .194 TIME 02:51 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 TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, SLEEPY

CLOTHING: BLUE JEANS, BLUE TANK TOP, GRAY / WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

SUBJECT: STATED SHE HAD " 4 OR 5 BUD LIGHTS" IN Q&A

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:22 HRS.

SUBJECT: 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: ANSWERED QUESTIONS

SUBJECT: Berman, Cameron K CASE NUMBER: 20-089191

**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) Head on Camera

SUBJECT: Borden, Cimarron, K CASE NUMBER: 20-089191

### 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 SIR

WHERE WERE YOU GOING? Driving around

WHAT STREET OR HIGHWAY WERE YOU ON? Southern

DIRECTION OF TRAVEL? Can't answer WHERE DID YOU START? WEST Palm

WHAT TIME DID YOU START? Not certain WHAT TIME IS IT NOW? Not sure 12 o'clock

WHAT IS TODAY'S DATE? 15th WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? NOT SURE

WHEN DID YOU LAST EAT? 2 days ago WHAT DID YOU EAT? Tacos

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? hanging out w/ friends

HOW MUCH DO YOU WEIGH? NOT SURE HAVE YOU BEEN DRINKING? YES WHAT? BUD LIGHT

HOW MUCH? 4 or 5 WHERE? House = WPB, FL WITH WHOM? Brother & husband

WHEN DID YOU HAVE YOUR FIRST DRINK? 7am AND YOUR LAST DRINK? 1am

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Combination fast & slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Kind of ARE YOU UNDER THE INFLUENCE? NOT SURE

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? unemployed WHEN DID YOU LAST WORK? NO

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

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? YES WHEN? this morning

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

DO YOU HAVE:

- EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

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? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER: Inv. F. K. WHITE

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: 07/20/2020

Date of Last Agency Inspection: 07/17/2020  
Observation Period Began: 02:22  
Subject's Name: CINNAMON K BORDEN DOB: 09/25/1996 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	02:47
	Air Blank	0.000	02:47
	Control Test	0.079	02:47
	Air Blank	0.000	02:48
	Subject Sample #1	0.201	02:48
	Air Blank	0.000	02:49
	Air Blank	0.000	02:51
	Subject Sample #2	0.194	02:51
	Air Blank	0.000	02:52
	Control Test	0.079	02:52
	Air Blank	0.000	02:53
	Diagnostics Check	OK	02:53

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

State of Florida, County of Palm Beach

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

I 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: \_\_\_\_\_ Date: 07/20/20  
Signature

Sworn to (or affirmed) before me this 20 day of July, 2020

Signature of Notary Public-State of Florida INV. K. White #7209  
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.

# WITNESS LIST

CASE NUMBER: 20-089191

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: \_\_\_\_\_

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

CAN TESTIFY TO: facts

NAME: D/S G MCMAHON

ADDRESS: DIST 9

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

CAN TESTIFY TO: SEEING THE DEFENDANT'S VEHICL IN MOTION

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: \_\_\_\_\_

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

**REVIEW COMPLETED BY**

Booking Number: 2020017329	Date: 7/20/2020
	Specialist Name/ID: Gammage/5660