

21CT11931AMB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21087181									
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		8. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) LAKE WORTH RD / JOG RD, LAKE WORTH, FL 33467		Location of Offense (Business Name, Address) LAKE WORTH RD / JOG RD, LAKE WORTH, FL 33467											
Date of Arrest 07/19/2021		Time of Arrest 0101		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle GARDENS TOWING	
Name (Last, First, Middle) Montano, Dermenson, Calle		Alias (Name, DOB, Soc. Sec. #, Etc.) Montano Calle, Dermenson											
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W		Sex M		Date of Birth 10/6/1982		Height 5'06		Weight 200		Eye Color BROWN		Hair Color BROWN	
Complexion MED		Build MED											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RUPT SLEEVE		Marital Status Married		Religion CATHOLIC		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State 2		Residence Type 1. City 2. County 3. Florida 4. Out of State 2		Address Source VERBAL		Occupation VALET DRIVER	
Local Address (Street, Apt. Number) 3764 Heather Dr E, Greenacres, FL 33463		(City)		(State)		(Zip)		Phone (561) 201-1584					
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone					
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone					
D/L Number, State 404938249, NY		Sec. Sec. Number		INS Number		Place of Birth (City, State) COLOMBIA		Citizenship NO					
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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name)		Relationship		Date		Time							
The above address provided by <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 355-2526) 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. Distribute 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/Derv.		P. Paraphernalia/ Equipment S. Synthetics		L. 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		Offense # 21087181		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 AUGUST Day 12th 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. Dermenson Montano, Calle 07/19/2021 Signature of Defendant (or Juvenile and Parent / Custodian) Date Signed													
HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Agency)									
<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		(PRINT)					
Intake Deputy D. Jones		I.D. #		Pouch #		Transporting Officer Inv. Cisson		ID # 24091		Agency PRSO		PAGE 1	
Witness here if subject signed with an "X"													

SCANNED 786

JUL 20 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1		Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06 -			
Charge Type: Check as many <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes: SUPP PC							
Defendant's Name (Last, First, Middle) Montano, Dermenson						Race W		Sex M	
Date of Birth 10/06/1982									
Charge Description DUI			Charge Description						
Charge Description			Charge Description						
Victim's Name (Last, First, Middle) STATE OF FL						Race		Sex	
Date of Birth									
Victim's Local Address (Street, Apt. Number)			(City)		(State)		(Zip)		Phone
Address Source									
Victim's Business Address (Name, Street)			(City)		(State)		(Zip)		Phone
Occupation									
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 19 day of July, 2002 at 0015 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).									

NARRATIVE:

On the above date and time I received a call in reference to a vehicle driving erratically. The caller was currently following this vehicle, described as a silver Honda Civic, heading northbound on Jog Rd from 10th Ave N. As I was driving southbound on Jog and coming up to Purdy Ln, I asked dispatch to have the caller turn on their hazards lights as for me to identify them. At this time I saw a silver Honda Civic traveling southbound on Jog Rd and turn eastbound on Purdy Ln. Immediately after I saw a white vehicle turn behind him and activate their hazards lights. As I turned behind it, the white vehicle pulled to the left allowing me to pass through. At this time I observed the silver Honda Civic swerve to the right crossing the solid white line that marks the edge of the pavement on the roadway. The vehicle then quickly corrected to the left getting back in the lane. At this time and based on this moving violation I initiated an investigative stop by activating my blue lights. The vehicle came to a final stop on Purdy Ln and Sherwood Forest Blvd. DS Cisson with the DUI unit had just arrived behind me and took over the investigation at this time.

This concluded my involvement in this case.

No further.

NARRATIVE CONTINUATION

Sworn and Subscribed before me	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
<i>Inw. Cisson - 24091</i>	<i>F. GARRENO</i>
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
	<i>7/19/2021</i>
Date	Date

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19th DAY OF JULY 20 21, AT 0024 ✓ AM PM

SUBJECT: Montano, Dermenson, Calle CASE NUMBER: 21087181

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 Monday July 19th 2021 at approximately 0020 hours I observed a silver Honda four door bearing Florida Z83EFD. The vehicle was called in to dispatch as a possible drunk driver. The called left the area once Deputies were behind the vehicle. Once contact was made with the driver, he was identified by his New York driver license as Dermenson Montano Calle, NY# 404 938 249. He also has a Florida state assigned number of M535163823660. He was sitting the driver seat and the sole occupant of the vehicle. Deputy Carreno ID# 35639 was also present at the time of the stop and made contact with the driver. He completed a supplemental probable cause affidavit to his observations.

OBSERVATION OF DRIVER:

I observed the defendant, Dermenson Montano Calle who was wearing a blue polo shirt, dark blue shorts, and gray sneakers. The defendant was sitting in the driver seat. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on his feet and staggered as he walked. While standing stationary the defendant swayed. I could see the defendants eyes were bloodshot and glossy. He had an obvious odor of an unknown alcoholic beverage emitting from his breath that grew stronger as he spoke.

DRIVER'S STATEMENTS:

The defendant said he did not have any physical abnormalities, injuries, diabetes, wear glasses or receive a bump on the head. The defendant said he had two Corona bottle beers to drink. The defendant said he was coming from work in Boynton Beach (Valet Service). He said he was driving the vehicle. I asked the defendant to submit to roadside field sobriety tasks to which he agreed. He said he continuously he could get his wife to pick him up so he is not driving. I asked why she needed to pick him up, he said it was dangerous for him to be driving.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred, Thick, Unclear

ATTITUDE: Calm, Compliant, Repetitive

CLOTHING: Dirty, Disheveled

MEDICAL/OTHER: None

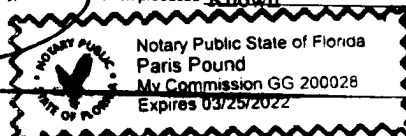
STATE OF FLORIDA
COUNTY OF PALM BEACH

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

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of July 20 21 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

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



SUBJECT: Montano, Dermenson, Calle

CASE NUMBER 21087181

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 swayed while standing stationary. I had to remind the defendant numerous times to not turn his head. He continued to turn his head. I had to remind him to follow the red light multiple times.

WALK & TURN:

The task was explained and demonstrated. The defendant stated he understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. The defendant used his arms for balance throughout the task, did not touch heel to toe multiple times, stepped off the line, stopped to regain balance, and took the incorrect number of steps. He took 13 steps on the first set of 9 and 12 steps on the second set of 9.

ONE LEG STAND:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant used arms for balance, put his foot down multiple times before 30 seconds elapsed. He was unable to maintain his balance and had to step numerous times to regain it.

FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant missed the tip on his nose with the tip of his finger on multiple attempts. He failed to return his hand to his side multiple times after he was reminded to do so. I called for right and he raised his left hand.

ROMBERG ALPHABET:

He said he could count from 1 to 26. The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant paused at 13, he said skipped 18. He said 19, 28, 24, 22, 23, 24, 28, 29, 30.

BREATH TEST RESULTS: 0.159 0.158

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

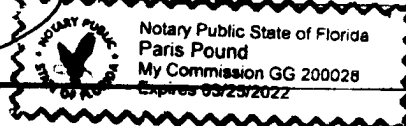
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of July, 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

Paris Pound (#24639)

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



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: 80-006238 Software: 8100.27
Date of Test: 07/19/2021

Date of Last Agency Inspection: 07/16/2021
Observation Period Began: 01:17
Subject's Name: DERMENSON C MONTANO

DOB: 10/06/1982 Sex: M

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		01:45
Air Blank	0.000	01:45
Control Test	0.080	01:46
Air Blank	0.000	01:46
Subject Sample #1 VNM*		01:49
Air Blank	0.000	01:50
Air Blank	0.000	01:52
Subject Sample #2 NSP**		01:55
Air Blank	0.000	01:56
Control Test	0.078	01:56
Air Blank	0.000	01:56
Diagnostics Check OK		01:56

*Volume Not Met (0.129 - Breath Sample Not
Reliable to Determine Breath Alcohol Level)
**No Sample Provided

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, _____, 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: 07/19/21

Sworn to (or affirmed) before me this 19th day of July, 2021

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida INV. J. CASSON

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.

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: 80-006238 Software: 8100.1
Date of Test: 07/19/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 01:50

Subject's Name: DERMENSON C MONTANO

DOB: 01-01-1988

The subject was observed for at least twenty-minutes prior to the administration of the test to ensure that the subject did not take anything orally and did not vomit.

Test	g/210L	Time
Diagnostics Check OK		02:15
Air Blank	0.000	02:16
Control Test	0.075	02:17
Air Blank	0.000	02:18
Subject Sample #1	0.159	02:19
Air Blank	0.000	02:20
Air Blank	0.000	02:21
Subject Sample #2	0.159	02:22
Air Blank	0.000	02:23
Control Test	0.073	02:24
Air Blank	0.000	02:25
Diagnostics Check OK		02:26

Instrument ID: 80005062
Date: 10-05-2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who is duly sworn, DERMENSON C MONTANO, who produced his driver's license as identification, and who after being placed under oath, declared that the foregoing is true and correct.

DERMENSON C MONTANO, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement. I administered the above breath test to the subject in accordance with Chapter 11D-8, Florida Administrative Code, and this certificate is a true and correct copy of that breath test.

Breath Test Operator: DERMENSON C MONTANO

Signature

Date: 07/19/21

Subscribed and sworn to (or affirmed) before me this 19th day of July, 2021

DERMENSON C MONTANO

DERMENSON C MONTANO

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, and certified investigation officers and traffic infraction enforcement officers are authorized to administer breath tests to persons suspected of driving while intoxicated. In accordance with section 316.1934(5), F.S., this computerized record is admissible without further authentication and is presumptive proof of the results herein. This record is subject to the provisions of section 316.1934(5), F.S., and in administrative proceedings pursuant to section 316.1934(5), F.S.

WITNESS LIST

CASE NUMBER: 21087181

ARRESTING OFFICER: Inv. Cisson ID# 24091

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Facts of the case

NAME: Deputy Carreno ID 35639

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Traffic Stop

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 _____

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CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO	
SUBJECT: MONTANO, DERMENSON C	CASE NUMBER: 21-087181
DATE: Jul 19, 2021	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 01:42	ENDING TIME: 02:33
BREATH TESTS RESULTS: 1) VNM TIME 01:49 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> 2) .159 TIME 02:18 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>	
3) .158 TIME 02:21 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> 4) N/A TIME N/A A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
BREATH OPERATOR: P.POUND #24639	
MAINTENANCE TECHNICAN: J. KARLECKE# 6467	

TESTING OFFICER'S OBSERVATIONS

SPEECH:	SLURRED
ATTITUDE:	CALM, QUIET
CLOTHING:	BLUE SHORTS , LIGHT BLUE SHIRT , GRAY SNEAKERS
MEDICAL CONDITIONS:	NONE
MEDICATIONS:	NONE

OTHER:

EYES: GLASSY AND BLOODSHOT
SUBJECT: STATED HE HAD A COUPLE OF BEERS IN Q&A

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:17 HRS.

SUBJECT: AGREED TO TAKE TEST

SUBJECT: HAD A DRY FEVER BLISTER ON HIS BOTTOM LIP. SUBJECT REFUSED TO BLOW CORRECTLY BY STOPPING THE TONE. BY HIM STOPPING THE TONE I HAD TO REMOVE THE MOUTHPIECE FROM HIS MOUTH AND TELL HIM WHAT HE WAS DOING WRONG THEN I NOTICE HIS BOTTOM LIP WAS BLEEDING.

A/O: TOOK SUBJECT OFF CAMERA AND LET HIM WASH HIS MOUTH OUT WITH WATER AND STARTED ANOTHER 20 MINUTE OBSERVATION AT 01:50 HRS. 2ND VIDEO STARTED AT 02:13 HRS. SUBJECT STATED HE WOULD TAKE TEST AGAIN

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SUBJECT: MONTANO, ~~ALICE~~ DE KEMENSON^C CASE NUMBER: 21-087181

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) KEHO ON CAMERA

SUBJECT: MONTANO ~~CAIT~~, DERMEYERSON^C CASE NUMBER: 21-687181

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? DK

DIRECTION OF TRAVEL? NE WHERE DID YOU START? WORK - 14th St Beach

WHAT TIME DID YOU START? 1200 am WHAT TIME IS IT NOW? Don't know

WHAT IS TODAY'S DATE? July 21/22 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? NO

WHEN DID YOU LAST EAT? 2 pm WHAT DID YOU EAT? Chipotle

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? going home work

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? YES WHAT? 2 Corona

HOW MUCH? 2 WHERE? After work WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? After work AND YOUR LAST DRINK? Don't know

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Last shot

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? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? Detail Cars WHEN DID YOU LAST WORK? Tonight

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? NO WHEN? NO

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?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

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. L. L. L. 24091



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021017850

Date: 7/19/2021

Specialist Name/ID: M. Tooks #8557