

ARREST / NOTICE TO APPEAR

20 CT-16644

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

1 JUVENILE

|  |   |                                     |   |   |  |  |  |   |   |  |
|--|---|-------------------------------------|---|---|--|--|--|---|---|--|
| AD<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N     | OBTS Number   | Agency ORI Number<br><b>0501700</b> |   | Agency Name<br><b>Jupiter Police Department</b> |  | Agency Report Number (N.T.A.'s only)<br><b>514 20-004276</b> |  | Multiple Clearance Indicators   |   |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Charge Type:<br>Check as many as apply.   |                                     | Location of Arrest (Including Name of Business)<br><b>W INDIANTOWN RD/67TH RD N</b>                         |   | Location of Offense (Business Name, Address)<br><b>6759 W INDIANTOWN RD/67TH RD N, JUPITER, FL 33458</b>     |  |  |   |   |  |
|  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other   |                                     | If Weapon Seized  |   | Enter Type<br><b>NONE</b>  |  |  |   |   |  |
| C<br>O<br>D<br>E<br>F  | Date of Arrest<br><b>12/21/2020</b>   | Time of Arrest<br><b>02:14</b>      | Booking Date<br><b>12/21/2020</b>   | Booking Time<br><b>02:24</b>                    | Jail Date  | Jail Time  | Location of Vehicle  |   |   |  |
|  | Name (Last, First, Middle)<br><b>GONZALEZ, ELAINE HELEN</b>   |                                     |   |   | Alias (Name, DOB, Sec. Sec. #, Etc.)   |  |  |   |   |  |
| I<br>J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                          | Race<br>W - White<br>B - Black  | Sex<br><b>F</b>                     | Date of Birth<br><b>05/30/1995</b>  | Height<br><b>5'03</b>                           | Weight<br><b>130</b>   | Eye Color<br><b>BROWN</b>                                    | Hair Color<br><b>BLACK</b>   | Complexion<br><b>MEDIUM</b>   | Build<br><b>Medium</b>                      |  |
|  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |                                     |   |   |  | Marital Status<br><b>S</b>                                   | Religion   | Indication of:<br>Alcohol Influence: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |   |  |
| C<br>O<br>D<br>E<br>F  | Local Address (Street, Apt. Number)<br><b>431 JUPITER LAKES BLVD, JUPITER, FL 33458</b>   |                                     | (City)  | (State)   | (Zip)  | Phone  |  | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>1</b>  |   |  |
|  | Permanent Address (Street, Apt. Number)<br><b>431 JUPITER LAKES BLVD, JUPITER, FL 33458</b>   |                                     | (City)  | (State)   | (Zip)  | Phone  |  | Address Source<br><b>VERBAL</b>   |   |  |
| C<br>O<br>D<br>E<br>F  | Business Address (Name, Street)<br><b>431 JUPITER LAKES BLVD, JUPITER, FL 33458</b>   |                                     | (City)  | (State)   | (Zip)  | Phone  |  | Occupation  |   |  |
|  | D/L Number, State<br><b>GS24208956900 / FL</b>  |                                     | INS Number  |   | Place of Birth (City, State)<br><b>WEST PALM BEACH, FL</b>   |  | Citizenship<br><b>US</b>   |   |   |  |
| C<br>O<br>D<br>E<br>F  | Co-Defendant Name (Last, First, Middle)   |                                     | Race  | Sex   | Date of Birth  |  | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |   |   |  |
|  | Co-Defendant Name (Last, First, Middle)   |                                     | Race  | Sex   | Date of Birth  |  | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |   |   |  |
| I<br>J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                          | Name (Last, First, Middle)  |                                     | Residence Phone   |   | Business Phone   |  |  |   |   |  |
|  | Address (Street, Apt. Number)   |                                     | (City)  | (State)   | (Zip)  |  |  |   |   |  |
| C<br>O<br>D<br>E<br>F  | Notified by: (Name)   |                                     | Date  | Time  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated |  |  |   |   |  |
|  | Released To: (Name)   |                                     | Relationship  | Date  | Time   |  |  |   |   |  |
| C<br>O<br>D<br>E<br>F  | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.   |                                     | School Attended   |   | Grade  |  |  |   |   |  |
|  | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                     | Description of Property   |   | Value of Property  |  |  |   |   |  |
| C<br>O<br>D<br>E<br>F  | Drug Activity<br>S. Sell<br>N. N/A<br>F. Possess  |                                     | R. Smuggle<br>D. Deliver<br>E. Use  |   | K. Disperse/<br>Distribute   |  | M. Manufacture/<br>Produce/<br>Cultivate   |   | Z. Other                                    |  |
|  | Drug Type<br>N. N/A<br>A. Amphetamine   |                                     | B. Barbiturate<br>C. Cocaine<br>E. Heroin   |   | H. Hallucinogen<br>M. Marijuana<br>O. Opium/deriv.   |  | P. Psychotropic/<br>Equipment<br>S. Synthetic  |   | U. Unknown<br>Z. Other                      |  |
| C<br>H<br>A<br>R<br>G<br>E   | Charge Description<br><b>DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>  |                                     | Statute Violation Number<br><b>316.193(4)</b>   |   | Violation of ORD #   |  |  |   |   |  |
|  | Drug Activity   | Drug Type                           | Amount / Unit   | Offense #                                       | Counts   | Domestic Violence  | Warrant / Captias Number   |   | Bond  |  |
| C<br>H<br>A<br>R<br>G<br>E   | Charge Description  |                                     | Statute Violation Number  |   | Violation of ORD #   |  |  |   |   |  |
|  | Drug Activity   | Drug Type                           | Amount / Unit   | Offense #                                       | Counts   | Domestic Violence  | Warrant / Captias Number   |   | Bond  |  |
| C<br>H<br>A<br>R<br>G<br>E   | Charge Description  |                                     | Statute Violation Number  |   | Violation of ORD #   |  |  |   |   |  |
|  | Drug Activity   | Drug Type                           | Amount / Unit   | Offense #                                       | Counts   | Domestic Violence  | Warrant / Captias Number   |   | Bond  |  |
| I<br>N<br>T<br>A<br>K<br>E   | Health / Apparent Physical Condition of Defendant   |                                     | Any knowledge of the following:<br>Explain:   |   | Mental <input type="checkbox"/>  |  | Escape Risk <input type="checkbox"/>   |   | Medication <input type="checkbox"/>         |  |
|  | Check which applies:<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Posted Bond  |                                     | <input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> South County Mental Health |   | <input checked="" type="checkbox"/> T.O.T. County Jail   |  | PROPERTY - Received By   |   | Released By                                 |  |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.  |                                     | Location (Court, County)<br><b>North County PALM BEACH GARD</b>   |   | Court Date and Time<br><b>01/27/2021 08:30:00</b>  |  | No Photo Available   |   |   |  |
|  | 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)          |   |                                     |   |   | Date Signed  |  |  |   |   |  |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | BOLD for Other Agency   |                                     | Signature of Arresting Officer<br><b>[Signature]</b>  |   | Name Verification (Printed by Arrestee)<br><b>DEC 21 AM 6:02</b>   |  |  |   |   |  |
|  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |                                     | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                                  |   | Name of Arresting Officer (Print)<br><b>MCGILlicuddy, STEVEN</b>   |  | I.D. #<br><b>1216</b>  |   | PAGE<br><b>1 OF 1</b>                       |  |
| Inmate Designation   |   | I.D. #                              | Pouch #   | Transporting Officer<br><b>S. MCGILlicuddy</b>  |  | I.D. #<br><b>388</b>   | Agency<br><b>JUPITER</b>   |   | Witness here if subject signed with an "X". |  |

0520 340

2315 DEC 21

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

|   |  |  |  |     |   |  |  |                 |
|---|--|--|--|-----|---|--|--|-----------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E  | CBTS Number  |  | Agency ORI Number<br><b>FL 0501700</b> |     | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b>             |  | Agency Report Number<br><b>5   4   20-004276</b> |                 |
|   | Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes                          |     | Name (Last, First, Middle)<br><b>GONZALEZ, ELAINE HELEN</b> |  | Race<br><b>W</b>                                 | Sex<br><b>F</b> |
| C<br>H<br>A<br>R<br>G<br>E<br>S   | Charge Description<br><b>316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>  |  | Charge Description                     |     | Charge Description  |  | Charge Description                               |                 |
|   | Victim's Name (Last, First, Middle)<br><b>State Of Florida</b>   |  | Race                                   | Sex | Date of Birth   |  |  |                 |
| V<br>I<br>C<br>T<br>I<br>M  | Local Address (Street, Apt. Number) (City) (State) (Zip)   |  | Phone                                  |     | Address Source  |  |  |                 |
|   | Business Address (Name, Street) (City) (State) (Zip)   |  | Phone                                  |     | Occupation  |  |  |                 |
| <p>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.<br/>The Person taken into custody...</p> <p><input checked="" 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.<br/><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.</p> <p>On the <u>21</u> day of <u>December</u>, <u>2020</u> at <u>01:55</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 12/21/2020 at approximately 0155 hrs, while on patrol, I heard K-9 Officer Hobby (SEE SUPP PC) advise that he was west bound on W Indiantown Road, attempting to pull over a reckless driver. Officer Hobby advised that the vehicle was doing ninety miles per hour. Once Ofc. Hobby had the vehicle stopped at W Indiantown Road and 67th Road North, I responded to the scene. Upon my arrival, Ofc. Hobby advised me that the vehicle, a Ford Explorer (VEHICLE-1) bearing FL tag IUH-B83 was being driven by Elaine Gonzalez (DEFENDANT). Ofc. Hobby advised that in addition to speed, Gonzalez was driving all over the road, in and out of her travel lane in a dangerous manner. Ofc. Hobby advised that Gonzalez also had multiple open Modelo beer cans within her reach and advised him prior to my arrival that she had consumed one beer. Additionally, VEHICLE-1's registration expired on 5/30/2020. I then took over the investigation at this point.</p> <p>I made contact with Gonzalez and introduced myself. Gonzalez advised me that she had consumed only one beer tonight. While speaking to Gonzalez I observed that she had food crumbs all over her lap. She had glassy bloodshot eyes. She spoke with slurred speech. Gonzalez had a strong odor of unknown alcoholic beverage emitting from her person, which intensified as she spoke. I asked her on a scale from 1-10 of impairment where she would place herself. She advised that she is a 3. At this time Gonzalez consented to participate in SFST's.</p> <p><b>HORIZONTAL GAZE NYSTAGMUS</b><br/>       -Equal tracking and pupil size<br/>       -No resting nystagmus in either eye<br/>       -Lack of smooth pursuit in both eyes<br/>       -Distinct and sustained nystagmus at maximum deviation in both eyes<br/>       -Onset of nystagmus prior to forty five degrees in both eyes<br/>       -No vertical nystagmus in either eye<br/>       -6 of 6 clues</p> |  |  |  |     |   |  |  |                 |
| <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER STATE OF FLORIDA<br/>       Renee Ragin<br/>       My Commission GG 966418<br/>       Expires 03/05/2024</p> <p>12/21/2020<br/>DATE</p> <p>17368<br/>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br/> <b>MC GILLICUDDY, STEVEN (1216)</b><br/>       NAME OF OFFICER (PLEASE PRINT)</p> <p>12/21/2020<br/>DATE</p> <p>PAGE<br/>1 of 3</p>  |  |  |  |     |   |  |  |                 |

DEC 21 2020

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

|   |   |  |
|---|---|--|
| Agency ORI Number<br><b>FL 0501700</b>  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> | Agency Report Number<br><b>5   4   20-004276</b> |
| Charge Type:<br>Check as many as apply.<br><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 |   | Special Notes:                                   |

|   |       |                  |                 |                                    |
|---|-------|------------------|-----------------|------------------------------------|
| Name (Last, First, Middle)<br><b>GONZALEZ, ELAINE HELEN</b> | Alias | Race<br><b>W</b> | Sex<br><b>F</b> | Date of Birth<br><b>05/30/1995</b> |
|---|-------|------------------|-----------------|------------------------------------|

**WALK AND TURN**  
-Lost balance during instructions  
-Missed heel to toe  
-Stepped off line  
-Used arms for balance  
-Improper turn  
-Incorrect number of steps  
-Stopped while walking  
-7 of 8 clues



**ONE LEG STAND**  
-Put foot down  
-Used arms for balance  
-Swayed

**FINGER TO NOSE**  
1L - Pad to tip, DNP  
2R - Pad to under tip, DNP  
3L - Pad to tip, DNP  
4R - Pad to tip, DNP  
5R - Pad to tip, DNP  
6L - Pad to tip, DNP  
-Noticeable sway

**RHOMBERG ALPHABET**  
- B C D A E F G A H I J K K L M N O P Q R S T U V W X Y M N M C

Based on my observations, investigation and the totality of the circumstances I had probable cause to believe that Gonzalez was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that her normal faculties were impaired, contrary to F.S.S. 316.193. I placed her under arrest at 0214 hrs.

I then transported Gonzalez to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 02454 hrs. I placed her under a twenty minute observation period, during which I did not observe her consume nor regurgitate anything. We then went on video with BAT Technician Ragin (ID #16877). I requested that Gonzalez provide breath and she consented. Gonzalez provided breath samples of .201 BrAC and .210 BrAC. I then placed her in holding while I finished her paperwork. I issued her a court date of 1/27/2021 at 0830 hrs at the North County Courthouse. I issued her an open container citation as well. Ofc. Hobby issued her citations for speeding and for the expired tag. VEHICLE-1 was towed from the scene by East Coast Towing. BWC.

|   |   |   |
|---|---|---|
| SWORN AND SUBSCRIBED BEFORE ME  |  | <br>SIGNATURE OF ARRESTING INVESTIGATING OFFICER<br><b>MC GILLICUDDY, STEVEN (1216)</b><br>NAME OF OFFICER (PLEASE PRINT) |
| NOTARY PUBLIC / CLERK OF COURT / OFFICER<br>DATE<br><b>12/21/2020</b> | DATE<br><b>12/21/2020</b>   | PAGE<br><b>2 OF 3</b>   |

DEC 21 2020

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTS Number

Agency ORI Number  
**FL 0501700**

Agency Name  
**JUPITER POLICE DEPARTMENT**

Agency Report Number  
**5 | 4 | 20-004276**

Charge Type:  
Check as many as apply.  
 1. Felony  
 2. Traffic Felony  
 3. Misdemeanor  
 4. Traffic Misdemeanor  
 5. Ordinance  
 6. Other

Special Notes:

Name (Last, First, Middle)  
**GONZALEZ, ELAINE HELEN**

Race: **W** Sex: **F** Date of Birth: **05/30/1995**

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  
NOTARY PUBLIC / CLERK OF COURT / OFFICER  
**12/21/2020**  
DATE

Notary Public State of Florida  
Renee Ragin  
My Commission GG 966418  
Expires 03/05/2024

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**MOGILICUDDY, STEVEN (1216)**  
NAME OF OFFICER (PLEASE PRINT)  
**12/21/2020**  
DATE

PAGE **3** OF **3**

DEC 21 2020

# WITNESS LIST

CASE NUMBER: 20-004276

ARRESTING OFFICER: MCGILlicuddy

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: OFC. HOBBY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: TRAFFIC STOP/VIOLATION

NAME: OFC. MATONTI

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC SHAFF

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: BACKUP ON STOP/FEMALE SEARCH

NAME: OFC. TAPPIN

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: BACKUP ON 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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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

DEC 21 2020

# TESTING FACILITY TASK REPORT

AGENCY: JPD  
SUBJECT: Gonzalez, Elaine H.  
CASE NUMBER: 20-138864  
DATE: Dec 21, 2020  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 03:16  
ENDING TIME: 03:29

BREATH TESTS RESULTS: 1) .201 TIME 03:22 A.M.  P.M.   
2) .210 TIME 03:25 A.M.  P.M.   
3) N/A TIME \_\_\_\_\_ A.M.  P.M.   
4) N/A TIME \_\_\_\_\_ A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877  
MAINTENANCE TECHNICAN: Jason Karlecke #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: Mumbled  
ATTITUDE: Calm, cooperative  
CLOTHING: Gray pants, blue t-shirt, NO shoes  
MEDICAL CONDITIONS: None  
MEDICATIONS: None

### OTHER:

Eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

### COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:54 hrs.  
Subject agreed to perform breath test.  
A/O read rights.  
Subject acknowledged she understood rights.  
Tech read breath test results.  
Subject acknowledged she understood breath test results.  
A/O conducted Q&A  
Subject answered Q&A.

RECEIVED  
DEC 21 2020

SUBJECT: Gonzalez, E. King H. CASE NUMBER: \_\_\_\_\_

## 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) King H. Gonzalez \_\_\_\_\_

RECORDED  
DEC 21 2011

SUBJECT: Kuzike, Elaine H. CASE NUMBER: \_\_\_\_\_

## 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: \_\_\_\_\_

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

COPIED  
DEC 21 2000

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: 80-006476 Software: 8100.27  
Date of Test: 12/21/2020

Date of Last Agency Inspection: 12/11/2020  
Observation Period Began: 02:54  
Subject's Name: ELAINE H GONZALEZ

DOB: 05/30/1995 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     | 03:19 |
|          | Air Blank         | 0.000  | 03:20 |
|          | Control Test      | 0.081  | 03:20 |
|          | Air Blank         | 0.000  | 03:21 |
|          | Subject Sample #1 | 0.201  | 03:22 |
|          | Air Blank         | 0.000  | 03:23 |
|          | Air Blank         | 0.000  | 03:25 |
|          | Subject Sample #2 | 0.210  | 03:25 |
|          | Air Blank         | 0.000  | 03:26 |
|          | Control Test      | 0.077  | 03:26 |
|          | Air Blank         | 0.000  | 03:27 |
|          | Diagnostics Check | OK     | 03:27 |

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 RENEE M RAGIN, 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: 12/21/20  
Signature

Sworn to (or affirmed) before me this 21 day of Dec, 2020  
Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Ofc. S. McGillicuddy # 388

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.

DEC 21 2020



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 20-138864 PBSO ZONE 3-17

AGENCY CASE # 20-004276 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0155 DATE 12/21/2020 DAY MONDAY

SUBJECT'S NAME GONZALEZ ELAINE H RACE H SEX F  
LAST FIRST MID

HGT 503 WGT 130 DOB 5/30/95

LOCATION W INDIANTOWN RD/67TH RD N

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD

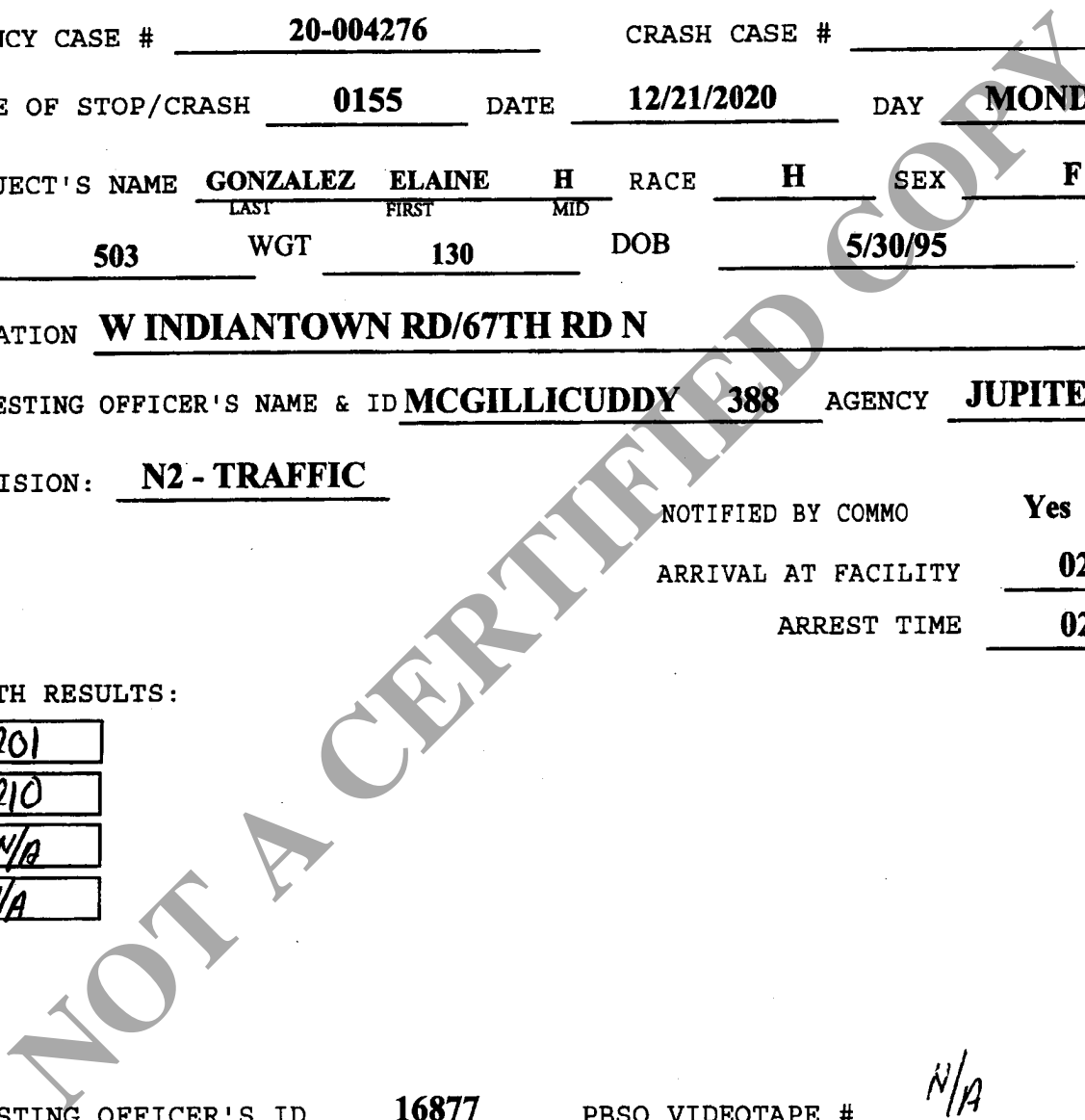
DIVISION: N2 - TRAFFIC

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 0254  
 ARREST TIME 0214

**BREATH RESULTS:**

- 1) .201
- 2) .210
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A



DEC 21

