

0519878

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

20CT15348

2828

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>06-20130926</b>				
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 2. <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No				
Location of Arrest (Including Name of Business) <b>4615 MELALUECA LANE, GREENACRES FL 33463</b>				Location of Offense (Business Name, Address) <b>4615 MELALUECA LANE, GREENACRES FL 33463</b>						
Date of Arrest <b>11/27/2020</b>	Time of Arrest <b>0658</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>PRIORITY TOWING</b>				
Name (Last, First, Middle) <b>VELASQUEZ OVALLE, ELSA CHRISTINA</b>		Alias (Name, DOB, Sgc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/20/1988</b>	Height <b>500</b>	Weight <b>120</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Build <b>FAIR</b> SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>NONE</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>6162 16TH WAYS</b>		(City) <b>WEST PALM BEACH FL 33415</b>	(State) <b>FL</b>	(Zip) <b>33415</b>	Phone <b>(561) 720-3921</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>				
Permanent Address (Street, Apt. Number) <b>6162 16TH WAYS</b>		(City) <b>WEST PALM BEACH FL 33415</b>	(State) <b>FL</b>	(Zip) <b>33415</b>	Phone <b>( )</b>	Address Source				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation				
DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>GUATEMALA</b>		Citizenship <b>GUATEMALA</b>					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Parent Name (Last) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: <b>1) OR</b>		(First) <b>OR</b>	(Middle)	Residence Phone <b>( )</b>		Business Phone <b>( )</b>				
Address (Street, Apt. Number) <b>2) OR</b>		(City)	(State)	(Zip)	Business Phone <b>( )</b>					
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/ Distributes	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturates 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 type="checkbox"/> N	Statute Violation Number <b>316.193.1</b>		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20130926</b>	Warrant / Capias Number		Bond				
Charge Description <b>No License</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>322.03(1)</b>		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				
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, Room Number, Address)										
Court Date and Time <b>NOV 27 AM 11:09</b>										
Month Day Year Time AM PM										
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED										
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed				
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicide <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>PK R. Weber</b>		I.D. # <b>31810</b>		(PRINT)				
Intake Deputy <b>501</b>		Pouch #		Transporting Officer <b>PK R. Weber</b>		I.D. # <b>31810</b>				
Agency		Agency		Arrestee signed with an "X"						

NOV 28 2020

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 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- 20130926</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 type="checkbox"/>
	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>	Special Notes:	

Name (Last, First, Middle) <b>ELSA CRISTINA VELASQUEZ OVALLE</b>	Alias	Race W	Sex F	Date of Birth 03/20/1988
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Charge Description <b>DUI</b>	<b>316.193.1a</b>	Charge Description <b>No License</b>	<b>322.03(1)</b>
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Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip) Phone	Address Source		
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  
 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 27th day of November 2020 at 0617  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On November 27th 2020 at approximately 0617hrs I responded to 4615 Melaluca Lane. Greenacres FL. 33463 in reference to a person passed out behind the wheel of a white Chevrolet.

Upon arrival on scene I observed a white Chevrolet Malibu stopped in the westbound travel lane of 4615 Melaluca Lane facing southeast against the center median. The vehicle was in park but running and a white female was sleeping with her head leaning against the steering wheel. I made sure the vehicle was in park, turned off the vehicle and removed the keys from the ignition. I then woke up the white female.

The defendant identified herself by name and date of birth as Elsa Velasquez Ovalle. And when asked for her license she stated at first her license was suspended and then that she did not have a driver's license. Velasquez Ovalle stated she spoke some English and understood what I was asking of her. While speaking to Velasquez Ovalle she was observed to have a strong odor of an alcoholic beverage coming from her.

Velasquez Ovalle was also observed to have:  
 - Bloodshot eyes  
 - Slurred speech, mumbled speech  
 - Confused and disoriented. Velasquez Ovalle did not know where she was and could not answer direct questions in English or Spanish. When asked, Velasquez Ovalle agreed to submit to a series of field sobriety exercises.

**Horizontal Gaze Nystagmus Exercises**

Prior to beginning the exercise it was determined Velasquez Ovalle was not wearing contacts. Velasquez Ovalle's eyes were checked and her eyes displayed equal tracking and her pupils were equal sizes. Velasquez Ovalle was instructed to following the stimulus with her eyes only, keeping her head still. After stating she understood the instructions Velasquez Ovalle attempted the exercise. The results of the exercise displayed 6 of the 6 possible clues.

- A lack of Smooth Pursuit in her left eye.
- A lack of Smooth Pursuit in her right eye.
- A distinct and sustained nystagmus in the left eye at maximum deviation.
- A distinct and sustained nystagmus in the right eye at maximum deviation.
- An onset of nystagmus in the left eye prior to 45 degrees.
- An onset of nystagmus in the right eye prior to 45 degrees.

While performing the Horizontal Gaze Nystagmus exercise, it was observed that Velasquez Ovalle:

- Moved her head from side to side during the exercise.
- Swayed while standing.

STATE OF FLORIDA  
 COUNTY OF PALM BEACH  
**D/S R. Weber**  
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of November 2020 by D/S R. Weber

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  
**JOSHUA BELL**  
 MY COMMISSION #GG346008  
 EXPIRES: JUN 18, 2023



SCANNED 1 OF 3

NOV 28 2020

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

OBTS Number Agency ORI Number Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 06-20130926

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Special Notes:

Name (Last, First, Middle) ELSA CRISTINA VELASQUEZ OVALLE Alias Race W Sex F Date of Birth 03/28/1988

Charge Description DUI 316.193.1a Charge Description No License 322.03(1)

Victim's Name (Last, First, Middle) Race Sex Date of Birth

Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source

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 [ ] committed the below acts in my presence. [ ] confessed to admitting to the below facts. [ ] was observed by who told that he/she saw the arrested person commit the below acts. [ ] was found to have committed the below acts, resulting from my (described) investigation. On the 27th day of November 20 20 at 0617 [ ] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

Walk and Turn exercise (A Gray line was placed on the roadway and in car video was activated)

Prior to attempting the exercise Velasquez Ovalle indicated she did not have any medical problems that would have prevented her from performing the exercise. Velasquez Ovalle was instructed to put her left foot on the line and her right foot in front of it with her right heel touching the toe of her left foot. He was instructed to stand in the manner with her hands to her sides until the test instructions were completed and the exercise demonstrated. Velasquez Ovalle was instructed not to begin the exercise until told to start. She was instructed to take nine steps along the line in a heel-to-toe manner. After the ninth step she was to stop and turn around keeping her lead foot on the ground, taking several small steps with the other foot to turn around. After turning around he was to take nine steps in a heel-to-toe manner back along the line, in the direction she had come from. Velasquez Ovalle was further instructed to watch her feet at all times while walking, keep her arms down to her side, and to count her steps out loud. After the exercise was demonstrated Velasquez Ovalle stated she understood the instructions and was instructed to begin the exercise.

Walk and Turn exercise observations: - On the first set of steps Velasquez Ovalle failed to walk in a heel-to-toe manner on all steps. - On the second set of steps Velasquez Ovalle failed to walk in a heel-to-toe manner on all steps. - Was unable to stand in a heel-to-toe manner while the instructions to the exercise were given. - Started before told to begin. - Turned incorrectly. - Took the incorrect number of steps on the first set of 9 steps, taking 20 steps (forward) - Took the incorrect number of steps on the second set of 9 steps, taking 22 steps (back) - Did not count out loud

One Leg Stand exercise

Prior to attempting the exercise Velasquez Ovalle indicated she did not have any medical problems that would have prevented her from performing the exercise Velasquez Ovalle was instructed to stand with her heels together and hands down to her sides while the instructions were given and during the exercise Velasquez Ovalle was instructed not to begin the exercise until she was instructed to start, and after the test had been demonstrated. When instructed to start, she was to raise the foot of her choice off the ground approximately 6 inches. While her leg was raised he was to keep her leg straight, watch her raised foot, and to count out loud by thousands (one thousand one, one thousand two, one thousand three...) and to continue the test until told to stop (30 seconds). After the exercise was demonstrated and indicating she understood the instructions Velasquez Ovalle attempted the exercise.

When Velasquez Ovalle attempted the exercise she raised her right foot. The result of the exercise displayed 3 of the 4 possible clues. During the exercise Velasquez Ovalle: -Used arms for balance - Swayed during the exercise - Put her foot down (1 time(s) during the exercise).

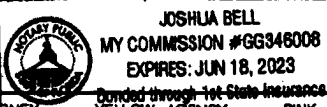
STATE OF FLORIDA COUNTY OF PALM BEACH D/S R. Weber (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of November 20 20 by R Weber

(Print name of Arresting/Investigative Officer), who's personality known to me and/or produced identification. Type of Identification produced Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023

SCANNED PAGE 3 OF 3

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	Agency ORI Number	Agency Name	Agency Report Number				
	<b>FLO 50000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06- 20130926</b>				
CHARGES	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"/>
	Special Notes:						
DEF	Name (Last, First, Middle)	Alias			Race W	Sex F	Date of Birth 03/20/1988
	<b>ELSA CRISTINA VELASQUEZ OVALLE</b>						
CHARGES	Charge Description	316.193.1a	Charge Description	No License 322.03(1)			
	Charge Description		Charge Description				
VICTIM	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
	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. 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.</p> <p><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>27th</u> day of <u>November</u> 20<u>20</u> at <u>0617</u> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>Additionally, during the One Leg Stand exercise Velasquez Ovalle was observed to:</b>          -Fail to watch her raised foot during the exercise as instructed.          -Failed to count out loud.          -Fail to keep her foot at six inches.</p> <p><b>Finger to Nose exercise</b>          Prior to beginning the exercise Velasquez Ovalle was instructed to put her feet together, close her eyes and tilt her head back. Velasquez Ovalle was instructed to lift her left or right hand when instructed and touch the tip of her finger to the tip of her nose and then return her hands back down to her side.          When Velasquez Ovalle attempted she just turned her head slightly and did not move her arms. After completing the exercise the instructions were read again to make sure she understood. Velasquez Ovalle stated she understood the instructions again. On the second attempt Velasquez Ovalle again stood with her hands against her side without moving them as instructed. Velasquez Ovalle swayed while standing.</p> <p>D/S A. Gonzalez ID 24995 was available on scene for Spanish Translation. Roadside field sobriety exercises captured on in car video.</p> <p>Velasquez Ovalle was placed in hand restraints double locked and checked for fit. Velasquez Ovalle was transported to the Palm Beach County Jail Breath Test facility where she was observed for over 20minutes. Velasquez Ovalle agreed to provide two samples of her breath which resulted in a .149 &amp; .140. Velasquez Ovalle was read Miranda on camera and agreed to answer questions. Velasquez Ovalle stated she did not have anything to drink but then stated she had 2-3 shots of Bucana with her friend. Velasquez Ovalle was not sure what road she was on when I made contact with her.          Based on my investigation I found Velasquez Ovalle was under the influence of an alcoholic beverage while in actual physical control of a motor vehicle and unable to operate a motor vehicle safely. Velasquez Ovalle was charged with DUI, Florida State Statute 316.193.1a</p> <p>DUI packets turned into the Jail, States Attorneys Office, and DHSMV via the BAT.          DUI Citation issued.          Velasquez Ovalle was informed of the first time DUI offender program.          A Daily Log was completed reference the case.          An FIR was completed reference the case.          Velasquez Ovalle was provided information on where her vehicle was towed to.</p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>D/S R. Weber</b> (Signature of Arresting/Investigative Officer)						
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27th</u> day of <u>November</u> 20 <u>20</u> by <u>R Weber</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: <u>known</u>						
Notary Public, Clerk of Court, Officer (Fla.S. 117.10)						PAGE 3	

SCANNED

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 27th DAY OF November 2020, AT 0617 AM PM

SUBJECT: ELSA CRISTINA VELASQUEZ OVALLE CASE NUMBER: 20130926

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S R. Weber

**PERSONAL CONTACT**

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
**Asleep behind the wheel at 4615 Melalueca Lane. Keys in the ignition, vehicle running, stopped westbound lanes facing eastbound.**

OBSERVATION OF DRIVER:

**Bloodshot eyes, slurred speech, disoriented**

DRIVER'S STATEMENTS:

**Confused**

ODORS:

**strong odor of unknown alcoholic beverage**

**GENERAL OBSERVATIONS**

SPEECH: **slurred mumbled**

ATTITUDE: **good**

CLOTHING: **no shoes, jeans and shirt**

MEDICAL/OTHER: **none**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

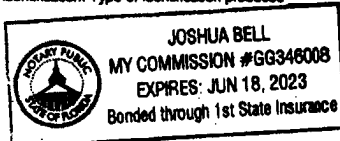
D/S R. Weber

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of November 2020 by R. Weber

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

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



SCANNED  
NOV 28 2020

SUBJECT: ELSA CRISTINA VELASQUEZ OVALLE CASE NUMBER 20130926

**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:

**WALK & TURN**

- On the first set of steps Velasquez Ovalle failed to walk in a heel-to-toe manner on all steps. - On the second set of steps Velasquez Ovalle failed to walk in a heel-to-toe manner on all steps.
- Was unable to stand in a heel-to-toe manner while the instructions to the exercise were given.
- Started before told to begin.
- Turned incorrectly.
- Took the incorrect number of steps on the first set of 9 steps, taking 20 steps (forward)
- Took the incorrect number of steps on the second set of 9 steps, taking 22 steps (back)
- Did not count out loud

**ONE LEG STAND:**

- During the exercise Velasquez Ovalle:
- Used arms for balance
  - Swayed during the exercise
  - Put her foot down (1 time(s) during the exercise).
  - Failed to watch her raised foot during the exercise as instructed.
  - Failed to count out loud.
  - Failed to keep her foot at six inches.

**FINGER TO NOSE:**

When Velasquez Ovalle attempted she just turned her head slightly and did not move her arms. After completing the exercise the instructions were read again to make sure she understood. Velasquez Ovalle stated she understood the instructions again. On the second attempt Velasquez Ovalle again stood with her hands against her side without moving them as instructed. Velasquez Ovalle swayed while standing.

**ROMBERG ALPHABET:**

did not attempt

**BREATH TEST RESULTS: .149, .140**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S R. Weber

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of November 2020 by R Weber

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

Known

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



SCANNED  
NOV 28 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: VELASQUEZ OVALLE, ELSA CHRISTINA CASE NUMBER: 20-130926

DATE: Nov 27, 2020 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0749 ENDING TIME: 0815

BREATH TESTS RESULTS: 1) .149 TIME 0755 A.M.  P.M.  2) .140 TIME 0758 A.M.  P.M.

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

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: BROKEN ENGLISH

ATTITUDE: EMOTIONAL, CRYING, COOPERATIVE

CLOTHING: WHITE TEE SHIRT, BLACK JEANS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, WATERY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0727 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT READ RIGHTS IN SPANISH

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A

SCANNED  
NOV 28 2020

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: 80-006240 Software: 8100.27  
Date of Test: 11/27/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 07:27

Subject's Name: ELSA C VELASQUEZ OVALLE

DOB: 03/20/1988 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	07:53
	Air Blank	0.000	07:54
	Control Test	0.081	07:54
	Air Blank	0.000	07:55
	Subject Sample #1	0.149	07:55
	Air Blank	0.000	07:56
	Air Blank	0.000	07:58
	Subject Sample #2	0.140	07:58
	Air Blank	0.000	07:59
	Control Test	0.081	07:59
	Air Blank	0.000	08:00
	Diagnostics Check	OK	08:00

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

State of Florida, County of Palm Beach

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

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

Date: 11/27/20

Sworn to (or affirmed) before me this 27 day of November, 2020

[Signature] 31810  
Signature of Notary Public-State of Florida

D/S R. Weber # 31810  
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.

SCANNED

SUBJECT: Vela Suez Ovalle, Elsa C CASE NUMBER: 20-130926

### 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? \_\_\_\_\_

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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: D/S R. Weber #31810

SUBJECT: Velasquez Valle, Elsa C CASE NUMBER: 20-130926

**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.

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SUSPECT'S SIGNATURE: (X) Read on camera