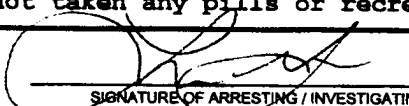


0412670

210719430 964

ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 6. Arrest (Warrant) 2. N.T.A.		3. Request for Warrant 4. Request for Copies 5. Juvenile Referral		1 JUVENILE	
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-013483			
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 1361 W PALMETTO PARK RD, BOCA RATON, 1361 W				Location of Offense (Business Name, Address) 1361 W PALMETTO PARK RD, BOCA RATON, FL 33486			
Date of Arrest 11/18/2021	Time of Arrest 23:59	Booking Date 11/19/2021	Booking Time 00:09	Jail Date 11/19/2021	Jail Time 00:35	Location of Vehicle 1980 NW 1ST AVE BOCA	
Name (Last, First, Middle) MELGAR, ESTHER M				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White A - Black O - Oriental/Asian W		Sex F	Date of Birth 05/05/1985	Height 5'04	Weight 160	Eye Color BROWN	Hair Color BROWN
Complexion MEDIUM		Build Medium		Marital Status S		Religion NONE	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO BACK / ARABIC WRITING				Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input checked="" type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 360 NW 35TH CT, OAKLAND PARK, FL 33309		(City) FL	(State)	(Zip) 33309	Phone (561) 843-3542		Residence Type: 1. City 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number) 360 NW 35TH CT, OAKLAND PARK, FL 33309		(City)	(State)	(Zip)	Phone (561) 843-3542		Address Source FL DL
Business Address (Name, Street) TARTASTIC LLC, 6453 W ROGERS CIR		(City)	(State)	(Zip)	Phone		Occupation Cook
D/L Number, State M426213856651 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SAN SALVADOR, EI	
Citizenship US							
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 <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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		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 Department and Released 2. TOT IAC 3. Incarcerated			
Released To: (Name)		Relationship	Date	Time			
The above address was 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's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No		Property Owner? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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. Synthetic		U. Unknown Z. Other	
Charge Description DRIVE UNDER INFLUENCE ALC				Statute Violation Number 316.193(1A)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Miscal <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By GOLDEN	
Transported By GRUBBS		Date Transported 11/19/2021		Time Transported 01:35		Released By GOLDEN	
Released To TOT CJ							
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444			
Court Date and Time 12/20/2021 08:30:00							
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.				No Photo Available			
Signature of Defendant (or Juvenile and Parent/Guardian)				Date Signed			
HOLD for Other Agency		Signature of Arresting Officer 823		Name Verification (Printed by Arrestee) (PRINT)		Release #	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) GOLDEN, L. J.		ID # 823	
Issued By GRUBBS		ID # 887		Agency 33RD		Witness here if subject signed with an "X"	

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-013783				
	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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes				
DEFENDANT	Name (Last, First, Middle) MELGAR, ESTHER M				Race W		Sex F		Date of Birth 05/05/1985
	Charge Description 316.193(1A) DUI		Charge Description		Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State Of Florida				Race		Sex		Date of Birth
	Local Address (Street, Apt. Number) _____(City)_____(State)_____(Zip)_____		Phone		Address Source				
WITNESS	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.</p> <p>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 checked="" type="checkbox"/> confessed to OFc. GOLDEN admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>19</u> day of <u>November</u>, <u>2021</u> at <u>00:44</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 11/18/2021 at approximately 2345 hours, I was dispatched to a fire department assist call referenceing a female who was observed passed out in the driver seat of a vehicle in a parking lot at 1361 W Palmetto Park Rd.</p> <p>Prior to my arrival, Ofc. Ricciardi had arrived on scene and advised she observed a female passed out and unresponsive yet breathing behind the wheel of the vehicle in question. Upon arrival, I observed a female, later identified as Esther Melgar, sitting in the driver seat of a blue Mazda vehicle bearing FL tag CJVR10. The vehicle was stopped in the drive through lane of the Taco Bell at 1361 W Palmetto Park Rd. The vehicle was in drive and the engine was running. Officers then ordered Melgar to put the vehicle in park. After the order was given multiple times, Melgar complied and put the vehicle in park and stepped out of the vehicle.</p> <p>I approached Melgar and immediately smelled the odor of alcohol emanating from her person. Her eyes were also glassy and her speech was slurred. Melgar also appeared to have difficulty maintaining her balance while standing.</p> <p>BRFR was also on scene and asked Melgar if she was in need of medical attention. Melgar advised she did not have any medical condition and did not need medical attention.</p> <p>I asked Melgar where she was coming from and she stated she was coming from home at Wilton Manors. I asked Melgar where she was going and she replied she was going home to Wilton Manors. Melgar then stated that she was on her way to Taco Bell to get food and go home. I asked Melgar how much she had to drink and she advised she had three (3) drinks at work five hours ago, but could not recall what she had to drink. When I asked Melgar again how much she had to drink, she advised she had consumed four (4) beers two hours ago. Melgar also stated that she had not taken any pills or recreational drugs.</p>								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME				<div style="text-align: right;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GOLDEN, LISA JEANNINE (823) NAME OF OFFICER (PLEASE PRINT) <u>11/19/2021</u> DATE </div>				
	HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>11/19/2021</u> DATE								
PAGE 1 of 2									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-013783					
	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 type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	
	Name (Last, First, Middle) MELGAR, ESTHER M		Alias		Race W		Sex F		Date of Birth 05/05/1985	

I asked Melgar why she was passed out behind the wheel of her vehicle, and she stated that she was very tired from working sixty hours this week. I then asked Melgar if she would participate in Standardized Field Sobriety Tasks to determine if she was fit to operate a vehicle in her current condition. Melgar refused to participate in the Field Sobriety Tasks. I then informed Melgar that if she refused to submit to the tasks, I would be forced to continue my investigation based upon my observations alone up to this point. I asked Melgar again if she would submit to the Field Sobriety Tasks and Melgar refused a second time.

Based upon my observations of Melgar's actions, physical condition, and statements, I determined that probable cause exists to arrest Melgar for DUI per F.S.S. 316.193(1A). I then placed Melgar under arrest and transported her to the BRPD BAT room. Melgar refused to provide a breath sample. I read Melgar implied consent and requested a breath sample from her again. Melgar refused a second time, then invoked her fifth amendment right to remain silent. Melgar was TOT CJ.

SWORN AND SUBSCRIBED BEFORE ME

HARDING/BRANDON BLAZE

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/19/2021

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GOLDEN, LISA JEANNINE (823)

NAME OF OFFICER (PLEASE PRINT)

11/19/2021

DATE

PAGE
2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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

I, OFFICER LISA GOLDEN, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 18TH day of NOVEMBER, 20 21, at 2359 ☐ P.M. ☐ A.M.

DRIVER ESTHER MARIA MELGAR
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M426213856651, state of FLORIDA, was placed under lawful arrest for


the offense of DUI by OFFICER LISA GOLDEN and
(Name of Arresting Officer)

issued Citation # A6LQFCE

That on or about the 19TH day of NOVEMBER, 20 21, at 0103 ☐ P.M. ☐ A.M.

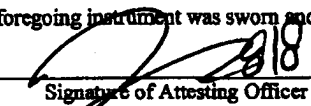
in PALM BEACH County,

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


Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:


Signature of Attesting Officer
Title OFFICER JAVIER CASAS
Date 11/19/2021

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20_____,
by _____,
who is personally known to me or who has produced
_____ as identification
Notary Public _____

HSMV-BAR1001 (REV. 10/2016)

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.

2021-013783
10-15: 2359
20 min obsv. : 0035

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 18th day of November, at 2359 AM/PM

Subject: Esther Melgar Case Number: 2021-013783

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 11/19/21 (date) by Ofc. Golden

Ofc. J CASAS 11-19-21
Notary/Clerk of Court/ Officer (FSS 17.10) Date

[Signature] Ofc. Golden
Signature of Arresting Officer Name of Officer (print)



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2021-013783

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, November, 19th, 2021.
(day) (month) (date) (year)

B. The time is now approximately 0101 AM/PM.

C. The following is in reference to case number 2021-013783.

D. Present at this time is Ofc. Golden/Ofc. CASAS of the Boca Raton Police Department
(Officer's Name)

E. Officer Golden, have you arrested Esther Melgar in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs. Ms. Melgar, I am required to inform you these
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

ARRESTING OFFICER: ofc. Golden

Name: ofc. Golden Phone # _____ Work # 561-368-6201

Address: 100 NW 2nd Ave, Boca Raton, FL, 33432

Can testify to: Signs of impairment - Facts of case - Arrest

Name: ofc. J CASAS Phone # _____ Work # 561-368-6201

Address: 100 NW 2nd Ave, Boca Raton, FL, 33432

Can testify to: on scene observations / Breath Test

Name: ofc Ricciardi Phone # _____ Work # 561-368-6201

Address: 100 NW 2nd Ave, Boca Raton, FL, 33432

Can testify to: on scene observations - Actual physical control

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

SCANNED
NOV 19 2021

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- (A) I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: Read on Camera

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. Melgar has refused to submit to a breath test.

The date is November, 19th, 2021, and the time is 0103 AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning. Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Esther Melgar

CASE #: 2021-013783 DATE: 11-19-21

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick, slow, slurred

ATTITUDE: Calm / quiet

CLOTHING: Teal shirt, black pants, pink shoes

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: odor of Alcohol emanating from breath.
Red / Glassy eyes.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Read on Camera Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain: _____

Are you sick or injured? ☐ Yes ☐ No If yes, explain: _____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0104 AM PM.

The date is November, 19th, 2021.
(month) (day) (year)

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 11/19/2021

Date of Last Agency Inspection: 10/29/2021

Observation Period Began: 00:35

Subject's Name: ESTHER M MELGAR

DOB: 05/05/1985 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.

Test	g/210L	Time
Diagnostics Check	OK	01:09
Air Blank	0.000	01:09
Control Test	0.078	01:10
Air Blank	0.000	01:10
Subject Sample #1	REF*	01:11
Air Blank	0.000	01:11
Control Test	0.079	01:11
Air Blank	0.000	01:12
Diagnostics Check	OK	01:12

*Subject Test Refused

Cylinder Lot: 15421080A1
Exp: 02/05/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (X) 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: 11/19/21

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

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Notar: 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.



**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: 2021029087	Date: 11/19/21
	Specialist Name/ID: A. Pinkney/7796