

5 051449.7

2020 CT001982 AMB P 544

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

OBTS Number		Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20033330</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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) <b>6990 N Ocean Blvd</b>		Location of Offense (Business Name, Address) <b>6990 N Ocean Blvd</b>					
Date of Arrest <b>02/02/2020</b>	Time of Arrest <b>14:01</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>6990 N Ocean Blvd</b>	
Name (Last, First, Middle) <b>Zamora Esther A</b>							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W F</b>	Date of Birth <b>11/08/1946</b>	Height <b>5'02</b>	Weight <b>115</b>	Eye Color <b>brown</b>	Hair Color <b>Red</b>	Complexion <b>Light</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Married</b>	Religion <b>Catholic</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) <b>1113 Lake Ter Apt 208D</b>		(City) <b>Boynton Beach, FL</b>	(State) <b>33426</b>	(Zip) <b>33426</b>	Phone <b>(561) 577-5351</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
D/L Number, State <b>Z560201469080</b>		Soc. Sec. Number		INS Number	Place of Birth (City, State) <b>Ecuador</b>		Citizenship <b>USA</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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ( ) Business Phone ( )
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time		
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 365-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Pre-Party Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20033330</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court Room Number, Address) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>							
Court Date and Time Month <b>February</b> Day <b>27</b> Year <b>2020</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. <i>[Signature]</i> <b>02/02/2020</b> Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed							
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <i>[Signature]</i>			
<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S C. Reece</b>		I.D. # <b>#24519</b>		PAGE	
Make Defendant's D. #		Pouch #		Transporting Officer <b>D/S C. Reece</b>		ID # <b>24519</b>	
Agency <b>PBSO</b>		Agency <b>PBSO</b>		Witness here if possible (Print Name and Agency) <b>SCANNED</b>			

FEB 03 2020

FILED  
FEB 03 2020  
CIRCUIT & COUNTY COURTS  
CRIMINAL DIV.

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 20033330</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"/>	
Name (Last, First, Middle) <b>Zamora, Esther, A</b>		Alias		Race <b>W</b>		Sex <b>F</b>	
Date of Birth <b>11/08/1946</b>		Charge Description <b>DUI</b>		316.193(1)		Charge Description	
Victim's Name (Last, First, Middle) <b>State of Florida , ,</b>		Local Address (Street, Apt. Number)		(City) (State) (zip)		Phone ( )	
Business Address (Name, Street)		(City) (State) (zip)		Phone ( )		Address Source	
Occupation		The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.					
On the <b>2</b> day of <b>Feb</b> 20 <b>20</b> at <b>13:14</b> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)		On 02/02/2020 at approximately 13:14 hours I responded to 6990 N Ocean Blvd in Palm Beach County, Florida in response to a motor vehicle crash.  On arrival I observed a black Hyundai SUV (FL tag Y83HWR) parked next to a white RV. I identified the driver of the Hyundai by her FL DL as Esther Zamora. Ofc. Savino #530 with the Ocean Ridge PD advised me that a witness had observed the black Hyundai collide with the white RV when teh driver attempted to park her vehicle. I spoke with a witness Kevin Scully who stated that he observed Zamora's vehicle driving north on A1A (N Ocean Blvd). He stated that she was driving "erratically" and very slow at approximately 10 to 16MPH. Scully further stated that he followed Zamora's vehicle into the Ocean Inlet park. He advised that when she attempted to park in a parking space she hit a parked RV with the front of her car. Scully advised that he called 911 and told Zamora not to leave until police arrived. Scully further advised that she attempted to leave but they were able to convince her to stay. Ofc Savino arrived prior to my arrival on scene and stood by until I arrived.  I conducted the crash investigation (20-033319) and determined that Zamora was the at fault driver for colliding with a legally parked driver-less vehicle. When I observed Zamora I detected a strong odor of an unknown alcoholic beverage. She was also was unable to stand up on her own without leaning against her vehicle. I looked at Zamora's eyes and I observed that they were blood shot and glassy and when she spoke her speech was slurred. Due to her condition on scene I advised Zamora that the traffic crash investigation was over and that I was now conducting a criminal DUI investigation. Ofc Savino translated what I told Zamora in Spanish. I asked Zamora if she would be willing to perform field sobriety tasks and she refused and got back in her car. I advised her of the Taylor warning and Ofc Savino again translated and again Zamora refused. I then placed Zamora under arrest and she was handcuffed and checked for tightness.  I then transported Zamora to JFK hospital for medical clearance in reference to the crash. Upon obtaining the clearance I then transported Zamora to the PBSO Bat facility. On arrival at the BAT I conducted a twenty minute observation in which Zamora did not take or regurgitate any thing by mouth. After conducting the observation I asked Zamora if she would submit to a test of her breath and allowed her to read what I had requested in Spanish. Zamora was unable to provide a definitive "yes" or "no" answer so I read her implied consent and allowed her read it in Spanish. Zamora agreed to submit to testing; however gave only one sample of .144 but the volume needed for the sample was not met. Zamora then stated that she couldn't give a sample because people had smoked around her too much. I elected not to read miranda or ask any questions due to the language barrier.  Though my investigation I have found probable cause to arrest and charge Zamora with DUI in accordance with F.S.S. 316.193 (1).					
STATE OF FLORIDA COUNTY OF PALM BEACH		D/S C. Reece (Signature of Arresting/Investigative Officer)					
The foregoing instrument was sworn to or affirmed and subscribed before me this <b>2</b> day of <b>Feb</b> 20 <b>20</b> by <b>Reece, C.</b>		Law Enforcement Officer					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		Notary Public State of Florida Gary J Parent My Commission GG 085488 Expires 06/23/2021				PAGE <b>1</b> OF <b>1</b>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF Feb 2020, AT 13:14 AM PM

SUBJECT: Zamora Esther A CASE NUMBER: 20033330

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S C. Reece

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

A witness Kevin Scully stated that he observed Zamora's vehicle driving north on A1A (N Ocean Blvd). He stated that she was driving "erratically" and very slow at approximately 10 to 16MPH. Scully further stated that he followed Zamora's vehicle into the Ocean Inlet park. He advised that when she attempted to park in a parking space she hit a parked RV with the front of her car. Scully advised that he called 911 and told Zamora not to leave until police arrived. Scully further advised that she attempted to leave but they were able to convince her to stay.

## OBSERVATION OF DRIVER:

When I observed Zamora I detected a strong odor of an unknown alcoholic beverage. She was also was unable to stand up on her own without leaning against her vehicle. I looked at Zamora's eyes and I observed that they were blood shot and glassy and when she spoke her speech was slurred.

## DRIVER'S STATEMENTS:

Zamora stated that she was not involved in a crash.

## ODORS:

Alcohol

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Gray sweater, Gray shorts, red flip flops

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

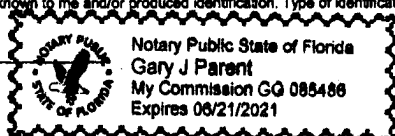
D/S C. Reece

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of Feb 2020 by D/S C. Reece

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

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



SUBJECT Zamora Esther CASE NUMBER 20033330

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

**WALK & TURN:**

**Refused**

**ONE LEG STAND:**

**Refused**

**FINGER TO NOSE:**

**Refused**

**ROMBERG ALPHABET:**

**Refused**

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

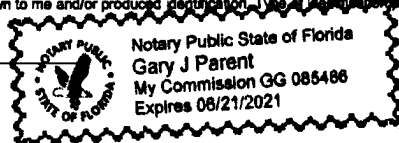
**D/S C. Reece**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of Feb 2020 by D/S C. Reece

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

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



NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 20033330

ARRESTING OFFICER: D/S C. Reece

ADDRESS: 3228 Gun Club Rd

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: See Report

NAME: Kevin Scully

ADDRESS: 941 Brookdale Dr, Boynton Beach, FL 33435

PHONE NUMBERS (HOME) 561-386-4654 (WORK) \_\_\_\_\_

CAN TESTIFY TO: See Report

NAME: Ofc. Savino ID 530 (Ocean Ridge PD)

ADDRESS 6450 N Ocean Blvd

PHONE NUMBERS (HOME) 561-732-8331 (WORK) \_\_\_\_\_

CAN TESTIFY TO: See report

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY PBSO

CASE NUMBER 20-033330

VIDEO TAPE NUMBER N/A

ENDING TIME 1613

TESTER ESKID A

DATE 10/02/20

STARTING TIME 1558

TEST RESULTS: 1 1199 TIME 16.11 A.M./P.M. R TIME 16.12 1199

2 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

3 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

4 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

5 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

6 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

7 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

8 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

9 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

10 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

11 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

12 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

13 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

14 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

15 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

16 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

17 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

18 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

19 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

20 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

21 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

22 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

23 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

24 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

25 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

26 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

27 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

28 N/A TIME --- A.M./P.M. N/A TIME --- A.M./P.M.

**REFUSED**

**REFUSED**

TESTING OFFICER'S OBSERVATIONS: SPACED CARD BROKEN EYES

CLASH, GUY

WEAR: GREY T-SHIRT, GREY A/S JACKET, RED SHOES

WEAR: NONE

WEAR: NONE

WEAR: GLASSY AND BLOATED, DRUG OR A.I. WEAR

ALCOHOL AROUND ON BREATH

TESTING AT CENTER A.I. BEGIN THE 30 MINUTE

TESTING PERIOD AT 1533 HRS.

A READ CARD TAKEN OFF OF SPACED CARD AND

WOULD NOT ANSWER YES OR NO TO TALKING TEST

WAS TAKEN OFF AND USE A READ CARD OFF OF SPACED

CARD AND AGREE TO TALK TEST A WOULD

NO ANSWER PROPERLY AFTER SEVERAL ATTEMPTS

NO ANSWER A REFUSAL

NO ANSWER A REFUSAL

NO ANSWER A REFUSAL

NO ANSWER A REFUSAL

NO ANSWER A REFUSAL

NO ANSWER A REFUSAL

NO ANSWER A REFUSAL

NO ANSWER A REFUSAL

NO ANSWER A REFUSAL

SUBJECT: John A. Estin A.

STATE OF MISSOURI  
CASE NUMBER: 2008-000000000

### INFORMED CONSENT FOR DULIN A MOTOR VEHICLE

**NOTE: READ ONLY THE PARAGRAPHS 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 detecting the presence of alcohol and the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of alcohol and 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 the presence of alcohol 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 30 days if you are a first-time offender, 60 days if you are a second-time offender, or 90 days if you are a third-time offender. Additionally, if you have been previously suspended for a similar offense, your suspension will be for a longer period. Refusal to submit to the test I have requested is considered a misdemeanor.

*Read on Card BY A OFF OF SPANISH CARD*

### CONSTITUTIONAL WARNINGS

**PLEASE READ THESE WARNINGS BEFORE YOU MAKE ANY STATEMENTS THAT WILL BE USED AGAINST YOU IN COURT.**

1. You have the right to remain silent and not answer any questions.
2. Anything you say can be used against you in court.
3. You have the right to stop the questioning at any time.
4. You have the right to stop the questioning at any time until you talk to a lawyer for advice before we question you and to have one with you during questioning.
5. If at any time you decide to answer questions now without a lawyer present, you will still be entitled to stop answering at any time. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford a lawyer.
6. I can stop the questioning at any time.
7. Anything you say can be used against you in a court of law.

STATE ATTORNEY SIGNATURE (X) \_\_\_\_\_ *Read on Card BY A OFF OF SPANISH CARD*

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: 80-006239 Software: 8100.27  
Date of Test: 02/02/2020

Date of Last Agency Inspection: 01/17/2020  
Observation Period Began: 15:33  
Subject's Name: ESTHER A ZAMORA

DOB: 11/08/1946 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	16:07
	Air Blank	0.000	16:07
	Control Test	0.080	16:08
	Air Blank	0.000	16:08
	Subject Sample #1	VNM*	16:11
	Air Blank	0.000	16:12
	Air Blank	0.000	16:14
	Subject Sample #2	REF**	16:14
	Air Blank	0.000	16:15
	Control Test	0.079	16:15
	Air Blank	0.000	16:15
	Diagnostics Check	OK	16:16

\*Volume Not Met (0.144 - Breath Sample Not Reliable to Determine Breath Alcohol Level)  
\*\*Subject Test Refused

Cylinder Lot: 17919080A1  
Exp: 08/05/2021

State of Florida, County of PALM BEACH,

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

I GARY J PARENT, 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: 02/02/20  
Signature

Sworn to (or affirmed) before me this 02 day of FEBRUARY, 2020

Signature of Notary Public-State of Florida D/S C. REECE  
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.

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

I, D/S C. Reece, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 2 day of Feb, 20 20, at 14:01 P.M. A.M.

DRIVER Esther A Zamora
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# Z560201469080, state of, was placed under lawful arrest for

the offense of DUI by D/S C. Reece and
(Name of Arresting Officer)

issued Citation # A2GD2VP

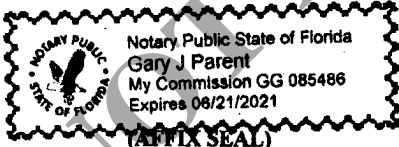
That on or about the 2 day of Feb, 20 20, at 16:12 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X 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

The foregoing instrument was sworn and subscribed before

me this 2 day of Feb, 20 20,

by D/S C. Reece,

who is personally known to me or who has produced
Law Enforcement Officer as identification

Notary Public

Title

Date

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.

*Ernie A.*

CASE NUMBER: 20-033330

# QUESTIONS AND ANSWERS

ASKED BY \_\_\_\_\_ YOU ASK QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OR ALL OF THE QUESTIONS AS YOU LIKE.

WHERE WERE YOU AND YOUR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

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 DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT DID YOU EAT? \_\_\_\_\_

WHAT DID YOU DRINK? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU START YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU FEEL AFTER YOUR FIRST DRINK? \_\_\_\_\_

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? \_\_\_\_\_ WITH? \_\_\_\_\_

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? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_

DO YOU HAVE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU WEAR GLASSES? \_\_\_\_\_ IF NOT, ARE YOU NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU HAVE ANY INJECTIONS? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_



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

REVIEW COMPLETED BY

Booking Number: 2020003717	Date: 02/03/2020
	Specialist Name/ID: T Howard/7185



**FLORIDA DUI UNIFORM TRAFFIC CITATION A2GD2VP**

COUNTY OF <u>Palm Beach</u>		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.A. <input checked="" type="checkbox"/> (3) F.L.S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY NAME <u>PRSO</u>	
		AGENCY # <u>06</u>	
<b>COMPLAINT (RETAINED BY COURT)</b>			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK <u>Sunday</u>	MONTH <u>Feb</u>	DAY <u>2</u>	YEAR <u>2020</u>   TIME <u>14:01</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (FIRST) <u>Esthe</u>		LAST <u>Zamora</u>	
STREET <u>1113 Lake Ter Apt 208D</u>			
CITY <u>Bornton Beach</u>		STATE <u>FL</u>	ZIP CODE <u>33426</u>
TRIP LICENSE # <u>SG1577535</u>	DATE OF BIRTH <u>11/8/1946</u>	RACE <u>P</u>	SEX <u>F</u>   HRS <u>5'02</u>
DRIVER LICENSE NUMBER <u>Z560201469080</u>	STATE <u>FL</u>	CLASS <u>E</u>	COL LICENSE <input checked="" type="checkbox"/> <u>N</u>   DL LICENSE EXP <u>2026</u>
VEHICLE MAKE <u>Hyun</u>	MODEL <u>UT</u>	COLOR <u>Black</u>	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE TYPE <u>POSTWR</u>	TRAILER TAG NO.	YEAR TAG EXPIRES <u>21</u>	FLAHCARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
UPON STOPPING AT STREET OR HIGHWAY, OR OTHER LOCATION, NUMBER <u>6990 N Ocean Blvd</u>			≥ 16 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			COMPANION CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

AND UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF Refused

COMMENTS PERTAINING TO OFFENSE (Only one offense each column)

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER < 18 YEARS	<input type="checkbox"/> STATE STATUTE	<input type="checkbox"/> SECTION <u>316.193(1)</u>	<input type="checkbox"/> SUB-SECTION
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> DAMAGE TO OTHER PROPERTY	<input type="checkbox"/> HARM TO ANOTHER	<input type="checkbox"/> SERIOUS BODILY HARM TO ANOTHER	<input type="checkbox"/> FATAL	
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	

THIS IS A CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.  
 COURT DATE 2/27/2020 TIME 8:30am **A2GD2VP**

ARREST DELIVERED TO 3228 G-n Club Rd COURT/NO. LOCATION PRSO Jail DATE 2/2/20

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION SHALL BE CONSIDERED A VIOLATION OF THIS CITATION. THIS IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY TO CONSULT WITH AN ATTORNEY, YOU WILL BE PROVIDED WITH ONE BY THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR [Signature]

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON Refused

ELIGIBLE FOR PERMIT?  YES  NO REASON Refused

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER 24314 BADGE NO. ID. NO. TROOP UNIT

ISMV 75004 (Rev. 7/13)

NOT

COPY