

0522395

ARREST / NOTICE TO APPEAR

NR 21 CT 5318

#2420

1 Arrest (No Warrant) 3 Request for Warrant
6 Arrest (Warrant) 4 Request for Capias
2 N.T.A. 5 Juvenile Referral 1 JUVENILE

ADMI N S T R A T I O N	OBTS Number 0500200	Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2021-003959
	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	If Weapon Seized Enter Type: None/not Applicable
	Location of Arrest (Including Name of Business) 140 NW 20TH ST, 140 NW 20TH ST, BOCA RATON, FL 33431		Location of Offense (Business Name - Address) 140 NW 20TH ST, BOCA RATON, FL 33431	
	Date of Arrest 04/02/2021	Time of Arrest 15:38	Booking Date 04/02/2021	Booking Time 18:48
	Name (Last, First, Middle) MONTEIRO, FERNANDA SILVA		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: _____	
DEF END ANT	Race W - White D - Black O - Oriental/Asian W	Sex F	Date of Birth 12/11/1994	Height 5'06
	Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion
	Local Address (Street, Apt. Number) 1520 NE 40TH ST, POMPANO BEACH, FL 33064		Phone (754) 244-5929	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
	Permanent Address (Street, Apt. Number) 1520 NE 40TH ST, POMPANO BEACH, FL 33064		Phone (754) 244-5929	Residence Type 1 City 3 Florida 2 County 4 Out of State 1
	Business Address (Name, Street) ULTA BEAUTY, POMPANO BEACH FL		Phone	Address Source DAVID
	D/L Number, State M536257949510 / FL	Soc. Sec. Number	INS Number	Occupation Make Up Artist
	Place of Birth (City, State) Lawrenceville, FL		Citizenship US	
CO DE F	Co-Defendant Name (Last, First, Middle)		Race	Sex
	Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile	
	Co-Defendant Name (Last, First, Middle)		Race	Sex
	Date of Birth		<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor	
J U V E N I L E	Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Residence Phone	
	Legal Custodian		Business Phone	
	Address (Street, Apt. Number)		Business Phone	
	Notified by: (Name)		Date	
	Released To: (Name)		Relationship	
	Date		Time	
	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 3 Incarcerated			
	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		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Description of Property		Value of Property	
CO DE	Drug Activity N N/A P Phoscs	S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Disperses/ 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	
CH AR GE	Charge Description DUI		Statute Violation Number 316.193(1A) (6)	
	Drug Activity	Drug Type N	Amount / Unit	Offense #
	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
CH AR GE	Charge Description		Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #
	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
CH AR GE	Charge Description		Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #
	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
IN TA K E	Health/ Apparent Physical Condition of Defendant FAIR		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input checked="" type="checkbox"/> Injuries	
	Check which applies: <input type="checkbox"/> Released OR <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail		Explain: LACERATION TO LIP DUE TO FALL	
	<input type="checkbox"/> Pasted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By M. HENDERSON	Released By OFC. KEENER
	Transported By OFC. KEENER		Date Transported 04/02/2021	Time Transported 18:46
NO TI CE	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time 04/26/2021 08:30:00	
TO AP PE AR	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/Custodian)		Date Signed 04/02/21	
ADMI N	HOLD for Other Agency		Signature of Arresting Officer HENDERSON, M. E.	
	Name of Arresting Officer (Print) HENDERSON, M. E.		I.D. # 865	
	Transporting Officer OFC. KEENER		I.D. # 837	
	Agency BOCA		Name Verification (Printed by Arrestee)	
	Witness here if subject signed with "X"		PAGE 1 OF 1	

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.T.O. DEFENDANT

SCANNED

APR 03 2021

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBT Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-003959	
	Charge Type: Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes					
D E F	Name (Last, First, Middle) MONTEIRO, FERNANDA SILVA				Alias	Race W	Sex F	Date of Birth 12/11/1994
	Charge Description 316.193(1) DUI		Charge Description					
V I C T I M	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	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
<p>The undersigned certifies and swears that he/she has just and resonable 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 checked="" type="checkbox"/> was observed by ALYSSA CINTRON who told OFC. HENDERSON that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> confessed to OFC. HENDERSON 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 2 day of April, 2021 at 15:04 (Specifically include facts constituting cause for arrest.)</p> <p>On 04/02/2021 at 1458 hours, I was dispatched to the 140 NW 20th St Boca Raton, FL in reference to an occupied gold in color Lexus (FL tag HHYM56) parked in a parking space directly in front of the Nakava Bar. Upon arrival I was informed by BRPD Ofc. Rosario that he observed the defendant, Fernanda Monteiro in full possession of the vehicle; seated in the front driver's seat of the Lexus rummaging through a brown backpack. Ofc. Rosario stated that when he asked Monteiro to exit the vehicle, he observed an empty multi-colored beer can fall out of the vehicle as she exited. This can was determined to be Voodoo Ranger Imperial IPA (containing 9% Alc/Vol). It shall be noted that upon making contact with Monteiro she spoke with a high tone of voice (although officers were at a reasonable listening distance to her), had slurred speech, red glossy eyes, and there was a faint odor of alcohol coming from her person. Initially Monteiro stated that she and her fiancé couldn't enter the bar Nakava Bar and admitted to knowing that she was intoxicated. She explained that she was looking for the car keys to drive the vehicle but at the same time contradicted herself by stating that that she thought about getting an uber from the bar. Monteiro had a small laceration to her lip and which she stated she received from falling on the ground prior to reaching the bar with her fiancé. The vehicle key for the Lexus was in between the seat and drivers elbow rest; easily accessible for transportation of the vehicle while impaired.</p> <p>At this point, I requested that she perform the standard field sobriety tasks to dispel my alarm she had the ability to potentially drive while impaired. She provided consent and I proceeded with the standard field sobriety tasks. She informed me her only injury was a scar down her stomach and she was taking the medication Alprazolam lmg which help with her moods (not affecting her in any other way).</p> <p>I performed and demonstrated each task before Monteiro attempted them.</p> <p>The first task was the Walk and Turn. After stating she understood the instructions and</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) SWORN 4/2/21 DATE				HENDERSON, MARVIN EUGENIA JR NAME OF OFFICER (PLEASE PRINT) 04/02/2021 DATE			

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-003959
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		Special Notes

Name (Last, First, Middle) MONTEIRO, FERNANDA SILVA	Alias	Race W	Sex F	Date of Birth 12/11/1994
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beginning the task, Monteiro did not maintain the starting position. Monteiro did not maintain balance on the line or connect heel to toe on any of the nine steps. On her ninth step Monteiro looked at me and stated that she was done and could go on if I wanted her to; therefore, failing to follow the instructions of returning with nine heel to toe steps.

The Second task was the One Leg Stand. After verbally agreeing that she understood the instructions Monteiro did not maintain the starting position and after beginning she used her arms for balance. She did not look down at the elevated foot nor did she count out loud as instructed. Monteiro had her leg bent and barley lifted it of the ground, she swayed and lost balance several times by dropping her foot; the task was then concluded at the end of a thirty second timer.

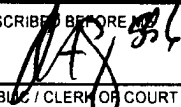

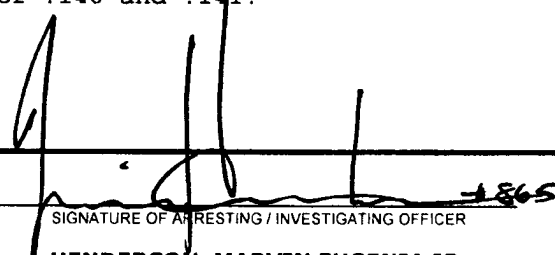
The third task was the Rhomberg Alphabet. Monteiro said she could finish the task without incident and went on to mention how good of a singer she was. Monteiro began by singing the entire alphabet and after Q she recited, Q, R, "X" "Q," "C," now you know my ABC next time won't you sing with me." (laughing at the conclusion of the task)

The fourth task was the Finger to Nose. I informed Monteiro of how the task should be done and demonstrated it for her as well. After verbally stating that she understood the instructions Monteiro did not maintain the starting position. Monteiro never touched her nose with her finger during the task and lifted her legs instead during the given sequence, constantly losing balance each time and swaying her arms.

Ofc. Rosario spoke with a witness who observed Monteiro drive into the plaza parking lot and hit a curb while attempting to park into the space directly in front of the bar. She stated that Monteiro and her fiancé entered the car and immediately caused a disturbance by yelling and verbally harassing staff and customers.

Based on my investigation, I placed Monteiro under arrest for DUI per F.S.S. 316.193(1), search incident to arrest another beer can was located inside the vehicle elbow rest (Steel Reserve containing 8.1% Alc/Vol); which Monteiro admitted to having inside the car. She was then transported to the Palm Beach Sherriff's Office Jail but was unable to utilize the breathalyzer facility due to the lip injury Monteiro sustained on her own prior to officers making contact with her.

She was then transported to the Boca Raton Police Department booking facility where I conducted the 20-minute observation. Ofc. J. Van Camp #747 conducted the Intoxilyzer 8000 and Monteiro provided the breath samples of .140 and .141.

SWORN AND SUBSCRIBED BEFORE  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  DATE <u>4/2/21</u>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  HENDERSON, MARVIN EUGENIA JR NAME OF OFFICER (PLEASE PRINT) DATE <u>04/02/2021</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2021-003959

10:15 - 1538 hours

Observation - 1740

Monteiro, Fernanda

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

SCANNED
APR 03 2021



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 2nd day of April, at 1538 AM/PM

Subject: Monteciso, Fernandez Case Number: 2021-3959

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: Slurred / Slow

Attitude: Cooperative

Clothing: Normal

Medical Problems: Anxiety

Medications: Alprazolam

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 _____ (date) by _____.

Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: ^{ofc.} Henderson

Name: _____ Phone # _____ Work # _____

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

Can testify to: Arrest

Name: ofc. VanCamp Phone # _____ Work # _____

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

Can testify to: Arrest

Name: ofc. Rossia Phone # _____ Work # _____

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

Can testify to: Wheel witness / observations

Name: ofc. Bennett Phone # _____ Work # _____

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

Can testify to: observations

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2021-3959

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, April, 2nd, 2021.
(day) (month) (date) (year)

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

C. The following is in reference to case number 2021-3959.

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

E. Officer Henderson, have you arrested Fernando Monteiro 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. Monteiro, I am required to inform you these
proceedings are being video recorded.

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

NOT A CERTIFIED COPY

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: _____

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. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ 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: _____

SCANNED
APR 03 2012

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: _____ Date: _____ Time: 6:13 pm

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes, I was driving
Where were you going? Nakawa Bar
What street or highway were you on? Boca
Direction of travel? n/a
Where did you start driving from? Home
What city (county) were you stopped in? Boca
What time did you start? Noon AM/PM What time is it now? No
What is today's date? ~~March~~ ~~May~~ 02, 2021 ~~June~~ What day of the week is it? Friday
When did you last eat? 9:30 am What did you eat? Pork, Eggs, Biscuits, gravy
What have you been doing the past three hours prior to this stop/accident? Cleaning the house
How much do you weigh? 150 Have you been drinking? Yes 2 What were you drinking? Bear
How much? 2 Where? Publix in Pompano With whom were you drinking? France
When did you have your first drink? 10:00 AM/PM When did you stop drinking? Noon AM/PM

How did you consume your last two drinks? Drank them

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? Ulta Beauty Pompano / Make-up Artist

When did you last work? Thursday 4/01/21

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

Surgery Scar from Cancer

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? No

Have you taken any drugs or smoked marijuana today? No

What? N/A When? N/A

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

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

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? No

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? No

I am now ending this video recording. The time is now approximately 6:27 AM/PM AM

The date is April, 02, 2021
(month) (day) (year)

SCANNED
APR 03 2021

**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: 04/02/2021

Date of Last Agency Inspection: 03/26/2021
Observation Period Began: 17:40
Subject's Name: FERNANDA S MONTEIRO

DOB: 12/11/1994 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	18:03
Air Blank	0.000	18:03
Control Test	0.078	18:04
Air Blank	0.000	18:04
Subject Sample #1	0.141	18:05
Air Blank	0.000	18:06
Air Blank	0.000	18:07
Subject Sample #2	0.140	18:08
Air Blank	0.000	18:09
Control Test	0.079	18:09
Air Blank	0.000	18:10
Diagnostics Check	OK	18:10

Cylinder Lot: 22419086A3
Exp: 10/05/2021

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who () is personally known to me or () produced FLDL 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: 4-2-21
Signature

Sworn to (or affirmed) before me this 2 day of April, 2021
[Signature] MARVIN HENDERSON
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, 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 316.1934(5), F.S.



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 <u>pertaining to mobilization deployment or tactical operations.</u>	
	<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: 2021007975	Date: 04/03/2021
	Specialist Name/ID: C. Denzel/8691

SCANNED
 APR 03 2021