

0514138

3467

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N											
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-20-003567</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		If Weapon Seized Enter Type		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) <b>2000 N SR 5, BOYNTON BEACH, FLORIDA, 33435</b>					Location of Offense (Business Name, Address) <b>2000 N SR 5, BOYNTON BEACH, FLORIDA, 33435</b>																
Date of Arrest <b>01/19/2020</b>		Time of Arrest <b>2300</b>		Booking Date		Booking Time		Jail Date		Jail Time	Location of Vehicle										
Name (Last, First, Middle) <b>DENIEGA, FRANCE, LOUISE FRESADO</b>																					
Alias (Name, DOB, Soc. Sec. #, Etc)																					
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/10/1992</b>		Height <b>501</b>	Weight <b>118</b>	Eye Color <b>BRO</b>	Hair Color <b>BLK</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>																					
Local Address (Street, Apt. Number) <b>2815 DUKE LN,</b>		(City) <b>DELRAY BEACH,</b>		(State) <b>FLORIDA,</b>		(Zip) <b>33445</b>		Phone ( ) - ( )		Residence Type 1. City 3. Florida 2. County 4. Out of State		2									
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone ( ) - ( )																					
Business Address (Street, Apt. Number) (City) (State) (Zip) Phone ( ) - ( )																					
DL Number, State <b>D5202529227500 / FL</b>		INS Number		Place of Birth <b>PASIG CITY, PL</b>		Citizenship <b>US</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		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 Dept. and Released 2. TOT HRS/DYS 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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade											
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>DUI</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.193.1A</b>		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense # <b>20-003567</b>		Warrant/Capias Number		Bond		<b>OR</b>									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>																	
				Court Date and Time Month <b>02</b> Day <b>24</b> Year <b>2020</b> Time <b>0830</b>																	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed <b>01/20/2020</b>													
HOLD for other Agency Name:		Signature of Arresting Officer		Name of Arresting Officer (PRINT) <b>OFFICER CASTRO</b>		I.D. # <b>905</b>		Name Verifier (Print by Arresting Officer) (PRINT) <b>FILED</b>		BU# <b>JAN 20 2020</b>		Page <b>1 OF 1</b>									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer <b>OFFICER CASTRO</b>		I.D. # <b>905</b>		Agency <b>BBPD</b>		Witness (Print Name) Signed with an "X"											

**FILED**  
**JAN 20 2020**  
**CIRCUIT & COUNTY COURTS**  
**(CRIMINAL DIV.)**

**SCANNED**  
**JAN 21 2020**

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

ON THE 19 DAY OF January 2020 AT 1026  A.M  P.M.

CASE #: 20-003564

DEFENDANT: DENIEGA, FRANCE LOUISE F.

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

I responded to the 2000 block of N. SR 5 (Federal Highway) in reference to a Single Vehicle Crash. Incident occurred within the City of Boynton Beach, Palm Beach County, Florida.

Upon arrival I observed a Red 2006 Mitsubishi Eclipse bearing Florida tag JK0XH straddling the lifted center concrete median that separates the northbound and southbound lanes of N. SR 5. The vehicle was facing north and the hazard lights were activated.

I made contact with K-9 Officer Roedel who advised that while traveling southbound on N. SR 5 from Gateway Blvd he observed the Mitsubishi on top of the median. When he went to investigate he observed W/F Deniega, France (07/10/92) sitting in the driver seat of the vehicle. Officer Roedel advised the vehicle was off with the keys in the ignition. Officer Roedel advised that Deniega stated that had a difficult time observing the roadway and ended up striking the median. Officer Roedel advised that while on scene Deniega attempted to start the vehicle but was unsuccessful. Officer Roedel advised that while speaking with Deniega he noticed that her speech was thick and slurred and her eyes were glassy. Officer Roedel advised that he detected an odor of an unknown alcoholic beverage emanating from Deniega's breath that intensified as she spoke. Deniega advised that she had a couple of drinks while attending a wedding at Benvenuto Restaurant (1730 N. Federal Highway). See Officer Roedel supplement for further.

I then made contact with Deniega, who was still sitting in the driver seat of the vehicle. Deniega advised that she had just left a wedding at Benvenuto Restaurant and while driving home she anticipated a left turn on the roadway. While merging over to the left she didn't observe the raised center median and struck it. Deniega advised that she normally wears glasses at night but only had time for contacts; which don't work as great at night. While speaking with Deniega I also noticed that her speech was thick and slurred. I also detected an odor of an unknown alcoholic beverage emanating from within the vehicle. Therefore I requested Deniega to exit the vehicle. While doing so she lost her balance and grabbed onto my arm for support. Deniega also dropped the keys to the vehicle onto the ground. Once in front my fully marked patrol vehicle I continued the crash investigation. At that point I detected the odor of an unknown alcoholic beverage emanating from her breath which intensified as she spoke. Deniega's eyes were glassy as well. I then advised Deniega that I've concluded the crash investigation was now conducting a DUI

investigation which she stated that she understood. I read Deniega her Miranda Warnings, which she stated that she understood. Deniega advised that she had two margaritas while attending the wedding. Deniega further advised that she is a "lightweight". Deniega swayed as she stood in front of my vehicle. Based on the above facts, I requested Deniega to submit to a series of Standardized Field Sobriety Task, which she agreed to. Prior to beginning I asked Deniega if she had any injuries and/or disabilities I should be aware of, which she stated no. See the following:

Pen Exercise: During the task Deniega swayed side to side, numerous times.

**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 prior to 45 degrees                      | <input type="checkbox"/> Right eye prior to 45 degrees                      |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                    | <input type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

The following task was demonstrated and explained to Deniega, which she stated that she understood. During the instructional stage Deniega swayed side to side and lost her balance. During the walking stage, Deniega took 9 normal walking steps, missing heel to toe. Deniega then stopped, made an improper turn and stood there looking for further instructions. Deniega then took 9 normal walking steps, missing heel to toe and did not count out loud.

**ONE LEG STAND:**

The following task was demonstrated and explained to Deniega, which she stated that she understood. During the instructional stage Deniega swayed side to side. During the balancing stage, Deniega swayed and dropped her foot prior to the 30 seconds was completed.

**FINGER TO NOSE:**

The following task was demonstrated and explained to Deniega, which she stated that she understood. During the instructional stage, Deniega swayed side to side. During the exercise stage, Deniega would raise the commanded hand bending her elbow at 90 degrees and not move it. After approximately 3-5 seconds Deniega would attempt to touch the tip of her nose. Deniega missed the tip of her nose on the first RIGHT command. Deniega failed to return her arm back to her side.

**ROMBERG/ALPHABET:**

The following task was demonstrated and explained to Deniega, which she stated that she understood. During the instructional stage, Deniega swayed side to side. Deniega completed the task with no clues.

Based on the above facts, Deniega was placed into custody under suspicion of DUI (D/L and Spaced). Deniega was transported to the Boynton Beach Police Department, arriving at 2309. I started my 20 minutes observations at 2310hrs and completed it at 2330hrs.

Upon completion I requested Deniega to provide a sample of her breath to determine the alcohol content, which she agreed to. Deniega provided a sample of .157 on the first attempt. Deniega had a difficult time provide a second sample, allowing the allotted time to expire. Therefore Implied Consent was read, she Deniega stated that she understood. Deniega then provided a sample of .144 on the third attempt. I then read Deniega her Miranda Warnings again, which she stated that she understood. Q&As were not completed as Deniega refused.

Based on the above facts I've established Probable Cause to arrest Deniega with 1M count of DUI with F.S.S. 316.193.1. Due to the fact that Deniega was involved in a crash she was transported to a local hospital reference medical clearance and was later TOT PBCJ.

Copy of the SFST and BAT video was later entered into the Boynton Beach Police Evidence Department. Incident was captured via BWC as well. Deniega's vehicle was removed from scene by Beck's Towing.

Nothing Further.

The following instrument was sworn to before me this 19 day of January 2020

By: PERSONALLY KNOWN / OFFICER CASTRO #905

  
Notary/Police Officer (F.S.S. 117.10)



  
Signature of Arresting Officer

CASE #: 20-003564

DEFENDANT: DENIEGA, FRANCE LOUISE F.

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

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.

Note: Read only if the subject does not comply with your request.

I am OFFICER CASTRO #905 of the Boynton Beach Police Department

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.

**CONSTITUTIONAL WARNINGS**

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statements can and will be used against you in a court of law.

Suspect's Signature: Read on Video

**TESTING FACILITY TASK REPORT**

CASE #: 20-003564  
Date: 1/19/20

DEFENDANT: DENIEGA, FRANCE LOUISE F.  
Video Tape #: 4734

**BREATH TEST RESULTS:**

1. .157 g/210L Time 11:41  a.m.  p.m.      3. .144 g/210L Time 11:49  a.m.  p.m.  
2. VN g/210L Time 11:46  a.m.  p.m.      4.        g/210L Time         a.m.  p.m.

BREATH OPERATOR: OFFICER CASTRO #905  
MAINTENANCE TECHNICIAN: OFFICER CASTRO #905

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: THICK, SLURRED  
ATTITUDE: COOPERATIVE  
CLOTHING: GREEN DRESS  
MEDICAL CONDITIONS: NONE  
MEDICATIONS: NONE  
OTHER: \_\_\_\_\_

**COMMENTS:**

- DEF PROVIDED 2 BREATH SAMPLES
- IMPLIED CONSENT WAS READ DUE TO A VOLUME NOT MET ON THE SECOND ATTEMPT
- MIRANDA WARNINGS WERE READ
- DECLINED Q&As
- VNM SAMPLE WAS .149

NOT A CERTIFIED COPY

CASE #: 20-003564

DEFENDANT: DENIEGA, FRANCE LOUISE F.

**QUESTIONS AND ANSWERS**

**I am now going to ask you some questions, with these rights in mind, you may answer some of, all of, or none of the following questions as you like.**

Where you operating a motor vehicle at the time of the stop/Accident? REFUSED

Where were you going? \_\_\_\_\_

What Street or Highway were you on? \_\_\_\_\_

What was you direction of travel? \_\_\_\_\_

Where did you start from? \_\_\_\_\_

What time did you start? \_\_\_\_\_

What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_

What day of the week is it? \_\_\_\_\_

What City and County are you in now? \_\_\_\_\_

When did you last eat? \_\_\_\_\_

What did you eat? \_\_\_\_\_

What have you been doing for the last three hours? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_

Have you been drinking? \_\_\_\_\_

What have you been drinking? \_\_\_\_\_

How much? \_\_\_\_\_

With whom? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

Can you feel the effects of the alcohol? \_\_\_\_\_

Are you under the influence? \_\_\_\_\_

Have you consumed any alcohol since the stop/accident? \_\_\_\_\_

How much? \_\_\_\_\_ What? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries? \_\_\_\_\_ What? \_\_\_\_\_

Are you sick or injured? \_\_\_\_\_ What's wrong? \_\_\_\_\_

Do you limp? \_\_\_\_\_

Did you receive a bump on the head recently? \_\_\_\_\_

Where you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked any marijuana today? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? \_\_\_\_\_

Who? \_\_\_\_\_ Why? \_\_\_\_\_

Are you taking any prescription medicines? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have? Epilepsy \_\_\_\_\_ Glass Eye \_\_\_\_\_ False teeth \_\_\_\_\_

Ear infection \_\_\_\_\_ Inner ear trouble \_\_\_\_\_ Diabetes \_\_\_\_\_

Do you have any problems with you eyes that are not corrected by glasses? \_\_\_\_\_

Do you take insulin? \_\_\_\_\_ If so, when was your last injection? \_\_\_\_\_

Have you ever gad a driver's license in any other state? \_\_\_\_\_

Where? \_\_\_\_\_

Interviewer: \_\_\_\_\_

CASE #: 20-003564

DEFENDANT: DENIEGA, FRANCE LOUISE F.

Arresting Officer: CASTRO #905  
Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435  
Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: K-9 OFFICER ROEDEL  
Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435  
Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100  
Can testify to: THE INVESTIGATION

Name: OFFICER EICHORST  
Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435  
Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100  
Can testify to: THE INVESTIGATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Can testify to: \_\_\_\_\_

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOYNTON BEACH PD  
Instrument Serial Number: 80-001190 Software: 8100.27  
Date of Test: 01/19/2020

Date of Last Agency Inspection: 12/23/2019  
Observation Period Began: 23:10  
Subject's Name: FRANCE LOUISE FRESAD DENIEGA

DOB: 07/10/1992 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	23:38
	Air Blank	0.000	23:38
	Control Test	0.077	23:39
	Air Blank	0.000	23:39
	Subject Sample #1	0.157	23:41
	Air Blank	0.000	23:41
	Air Blank	0.000	23:43
	Subject Sample #2	VNM*	23:46
	Air Blank	0.000	23:47
	Air Blank	0.000	23:49
	Air Blank	0.000	23:49
	Subject Sample #3	0.144	23:49
	Air Blank	0.000	23:50
	Control Test	0.076	23:50
	Air Blank	0.000	23:51
	Air Blank	0.000	23:51
	Diagnostics Check	OK	23:51

\*Volume Not Met (0.149 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 684131  
Exp: 01/23/2020

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 DENNIS CASTRO, 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: 01/20/20  
Signature

Sworn to (or affirmed) before me this 20 day of JANUARY, 2020

Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida PARIS POUND

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.

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOYNTON BEACH PD  
Instrument Serial Number: 80-001190 Software: 8100.27  
Date of Test: 01/19/2020

Date of Last Agency Inspection: 12/23/2019

Observation Period Began: 23:10

Subject's Name: FRANCE LOUISE FRESAD DENIEGA

DOB: 07/10/1992 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	23:38
	Air Blank	0.000	23:38
	Control Test	0.077	23:39
	Air Blank	0.000	23:39
	Subject Sample #1	0.157	23:41
	Air Blank	0.000	23:41
	Air Blank	0.000	23:43
	Subject Sample #2	VNM*	23:46
	Air Blank	0.000	23:46
	Air Blank	0.000	23:47
	Air Blank	0.000	23:49
	Air Blank	0.000	23:49
	Subject Sample #3	0.144	23:50
	Air Blank	0.000	23:50
	Control Test	0.076	23:51
	Air Blank	0.000	23:51
	Diagnostics Check	OK	23:51

\*Volume Not Met (0.149 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 684131  
Exp: 01/23/2020

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 DENNIS CASTRO, 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: 01/20/20  
Signature

Sworn to (or affirmed) before me this 20 day of JANUARY, 2020

Signature of Notary Public-State of Florida \_\_\_\_\_  
Printed Name of Notary Public-State of Florida PARIS POUND

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.

**Palm Beach County Sheriff's Office – Arrests Only**

	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input checked="" type="checkbox"/>		
	<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).
Public Info. Exemptions	<input type="checkbox"/>	119.071(2)(e)	Confession.
	<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.
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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.
	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.
	<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"/>		
Other	<input type="checkbox"/>	Other:	
	<input type="checkbox"/>	Other:	

REVIEW COMPLETED BY

Booking Number: 2020002237	Date: 1/20/2020
	Specialist Name/ID: LaToya Rouse #6673

**SCANNED**  
 JAN 21 2020