

21CT1095 MB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

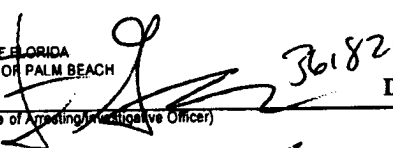
OBS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 21-028234</b>	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No NONE	
Location of Arrest (Including Name of Business) <b>Military Trl / Southern Blvd Wpb</b>		Location of Offense (Business Name, Address) <b>Military Trl / Southern Blvd WPB</b>					
Date of Arrest <b>01/23/2021</b>	Time of Arrest <b>0447</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>All Florida Towing</b>	
Name (Last, First, Middle) <b>Ramirez Gabriella A</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White - American Indian B - Black - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/21/1997</b>	Height <b>5'4</b>	Weight <b>160</b>	Eye Color <b>Bra</b>	Hair Color <b>Bra</b>	Complexion <b>Light</b>
Build <b>Med</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>ying yang on right side</b>		Marital Status <b>Single</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Int. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>2358 Avenida Barcelona Oste</b>		(City) <b>West Palm Beach FL</b>	(State) <b>33415</b>	(Zip)	Phone <b>(561) 886-8434</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>Florida Drivers License</b>	
DL Number, State <b>R562-281-97-721-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>West Palm Beach FL</b>	Citizenship <b>YES</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
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 355-2500) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>.213/.201</b>	Offense # <b>21-028234</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, Courtroom, Address) <b>CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406</b>							
Court Date and Time Month <b>February</b> Day <b>18th</b> Year <b>2021</b> Time <b>8:30</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							
Signature of Defendant (or Juvenile and Parent / Custodian)						Date Signed <b>01/23/2021</b>	
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Cpl. M. SMITH</b>		I.D. # <b>9621</b>	
Intake Deputy <b>S. ...</b>		I.D. # <b>...</b>		Pouch #		Transporting Officer <b>Smith</b>	
		I.D. # <b>9621</b>		Agency <b>PBSO</b>		Name of Arrestee <b>...</b>	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY) PBSO #148 REV. 9/7

0520941

30

SCANNED  
JOSEPH ...  
Palm Beach Sheriff's Office  
JAN 24 2021  
AM 7:30  
FILED

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	Juvenile
Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-21028234</b>		
Charge Type: Check as many as apply.		Special Notes:				
<input type="checkbox"/> 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		
Name (Last, First, Middle) <b>Ramirez, Gabriella, Adrianna</b>		Alias		Race <b>H</b>	Sex <b>F</b>	Date of Birth <b>06/21/1997</b>
Charge Description <b>Driving under the influence</b>		316.193(1)		Charge Description		
Charge Description		Charge Description				
Victim's Name (Last, First, Middle) <b>State of Florida, ,</b>		Race		Sex	Date of Birth	
Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source <b>N/A</b>
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation <b>N/A</b>
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.						
On the <u>23</u> day of <u>January</u> 20 <u>21</u> at <u>0406</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)						
<p>On the above date and time I was on routine patrol in my fully marked PBSO vehicle in the 100-blk of S Military trail, in unincorporated West Palm Beach FL, 33415. I observed a white 2013 Nissan SUV bearing FL tag "970 4PB" pass me at a speed estimated to be above the legal speed limit of 40 mph. I got directly behind the vehicle and paced it at an estimated 80 mph in a 40 mph speed limit zone. I then conducted a traffic stop on said vehicle. The vehicle came to a stop at S Military Trail and Perth Rd. The driver who was in physical control of the vehicle identified herself with a FL Driver license "R562281977210". I identified myself as Deputy Guarin with the PBSO and advised her of the stop. I observed that her eyes were red and glassy, she had slurred speech and a had an unknown smell of an alcoholic beverage coming from her mouth which intensified as she spoke. She additionally advised me that she was coming from Clematis street in West Palm Beach, FL. Based on the above I contacted the DUI unit who took over the investigation.</p>						
NOT A CERTIFICATE						
STATE OF FLORIDA COUNTY OF PALM BEACH		 Deputy E. Guarin		<b>SCANNED</b> DEPT. E. GUARIN JAN 24 2021		
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23</u> day of <u>January</u> 20 <u>21</u> by <u>Deputy E. Guarin</u>						
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)						PAGE <u>1</u> OF <u>1</u>

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF February 2021, AT 0408 AM  PM  
SUBJECT: Ramirez Gabriella A CASE NUMBER: 21-028234

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. M. SMITH

## PERSONAL CONTACT

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

On 01/23/2021 at approximately 04:10hrs, I was called to the scene of a traffic stop near Military Trl and Southern Blvd, which is located in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 0430hrs. D/S Guarin #36182 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit stating the following "On the above date and time I was on routine patrol in my fully marked PBSO vehicle in the 100-blk of S Military trail, in unincorporated West Palm Beach FL, 33415. I observed a white 2013 Nissan SUV bearing FL tag "970 4PB" pass me at a speed estimated to be above the legal speed limit of 40 mph. I got directly behind the vehicle and paced it at an estimated 80 mph in a 40 mph speed limit zone. I then conducted a traffic stop on said vehicle. The vehicle came to a stop at S Military Trail and Perth Rd. The driver who was in physical control of the vehicle identified herself with a FL Driver license "R562281977210". I identified myself as Deputy Guarin with the PBSO and advised her of the stop. I observed that her eyes were red and glassy, she had slurred speech and a had an unknown smell of an alcoholic beverage coming from her mouth which intensified as she spoke. She additionally advised me that she was coming from Clematis street in West Palm Beach, FL". D/S Guarin noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation.

### OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida Driver License as Gabriella Adrianna Ramirez, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Ramirez. Ramirez had glassy, glazed, and blood shot eyes. Ramirez's speech was slurred, slow, thick, and at times difficult to understand. Ramirez's movements were slow and deliberate. Ramirez was lethargic in her movements with poor coordination. Ramirez had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to her. Ramirez was wearing a plaid shirt, blue jeans, and no shoes. All the clothing appeared neat.

### DRIVER'S STATEMENTS:

Pre Miranda Ramirez stated that she was coming from Clematis St and that she had several shots

### ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area.

## GENERAL OBSERVATIONS

**SPEECH:** slurred, slow, thick, and at times difficult to understand.

**ATTITUDE:** Calm, Cooperative,

**CLOTHING:** plaid shirt, blue jeans, and no shoes.

**MEDICAL/OTHER:** See BAT report

STATE OF FLORIDA  
COUNTY OF PALM BEACH

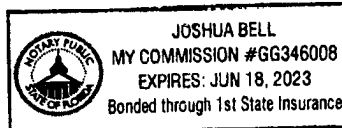
Cpl. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of January 2021 by Cpl. M. SMITH

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

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



SCANNED  
JAN 24 2021

SUBJECT Ramirez

Gabriella

CASE NUMBER 21-028234

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

Ramirez would sway roughly in a side to side front to back pattern throughout the task. Ramirez did positively identify the point to be tracked. Ramirez was reminded numerous times to track the pen with her eyes only. Ramirez failed to keep her head still while tracking the stimulus.

**WALK & TURN:**

I explained and demonstrated the instructions for the "Walk & Turn" to Ramirez who stated she understood. During the task, I observed Ramirez to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Ramirez could not maintain her balance while listening to instructions. Ramirez stepped out of the instructional stance during the demonstration to catch her balance. Ramirez started the task before being instructed to do so. Ramirez would stop walking to steady herself. Ramirez missed heel-to-toe steps and stepped off the line. Ramirez used her arms for balance by raising them more than six inches.

**ONE LEG STAND:**

I explained and demonstrated the instructions for the "One Leg Stand" to Ramirez who stated that she understood. During the task, I observed Ramirez to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Ramirez continued to sway while balancing on one leg. Ramirez used her arms to balance raising them more than 6 inches from her sides. Ramirez failed to count out loud by thousands as instructed. Ramirez put her foot down three times all before counting to 30 seconds, thusly not being able to complete the task.

**FINGER TO NOSE:**

I explained and demonstrated the instructions for the "Finger to Nose" task to Ramirez who stated that she understood. During the task, I observed Ramirez to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Ramirez did not keep her eyes closed and had to be reminded numerous times. Ramirez's index finger did not touch the nose on 6 of 6 attempts. Ramirez used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L

**ROMBERG ALPHABET:**

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Ramirez who stated that she understood. During the task, I observed Ramirez to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Ramirez would sway more than 2 inches. Ramirez would use her arms for balance by raising them more than 6 inches. Ramirez incorrectly recited the alphabet.

**BREATH TEST RESULTS:**     .213                     .201

STATE OF FLORIDA  
COUNTY OF PALM BEACH

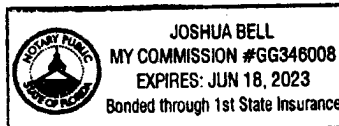
Cpl. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of January 2021 by Cpl. M. SMITH

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

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



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: 80-006478 Software: 8100.27  
Date of Test: 01/23/2021

Date of Last Agency Inspection: 01/15/2021  
Observation Period Began: 04:58  
Subject's Name: GABRIELLA A RAMIREZ DOB: 06/21/1997 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	05:25
	Air Blank	0.000	05:25
	Control Test	0.079	05:26
	Air Blank	0.000	05:26
	Subject Sample #1	0.213	05:27
	Air Blank	0.000	05:28
	Air Blank	0.000	05:29
	Subject Sample #2	0.201	05:30
	Air Blank	0.000	05:31
	Control Test	0.079	05:31
	Air Blank	0.000	05:31
	Diagnostics Check	OK	05:32

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

State of Florida, County of Palm Beach

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

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

Breath Test Operator: [Signature] Date: 1/23/21  
Signature

Sworn to (or affirmed) before me this 23 day of January, 2021  
[Signature] CPI. M. Smith #9621  
Signature of Notary Public-State of Florida 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.

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: BLOODSHOT

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0458 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

SUBJECT DECLINED TO ANSWER Q AND A

SUBJECT: Ramirez, Gabriela A

CASE NUMBER: 21-028234

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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

-OR-

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

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Recid on camera

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SUBJECT: Ramirez, Gabriel A CASE NUMBER: 21-028934

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

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

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

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

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

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

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

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: INV. M. Smith #9021

Florida

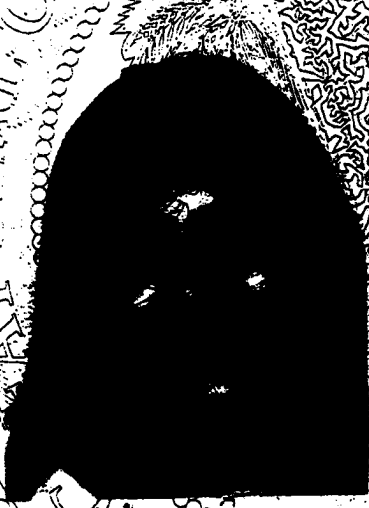
DRIVER LICENSE



USA

R562-281-97-721-0

9 CLASS E



RAMIREZ  
GABRIELLA ADRIANNA  
2238 AVENIDA BORGELONA 151E  
WEST PALM BEACH FL 33415-4423

DOB 06/21/1997 SEX F  
EXPIRES 06/21/2023 HGT 5-04"  
12 REST A END NONE

SPONSOR

SAFE DRIVER  
ISS 01/11/2021  
5DD P73210111000



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 21-028234

ARRESTING OFFICER: Cpl. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S Guarin 36182

ADDRESS: 3228 Gun Club Rd West Palm Beach Fl 33406

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

CAN TESTIFY TO: Stopping Deputy, Wheel Witness, Supplemental PC

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 \_\_\_\_\_ (WORK) 0 \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY



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

REVIEW COMPLETED BY

Booking Number: 2021001895	Date: 1/24/2021
	Specialist Name/ID: J. Beck/9007