

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS 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>06-20092314</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 checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		Weapon Seized / Type		Multiple Clearance Indicator	
<b>HYPOLUXO RD/ CONGRESS AVE BOYNTON BEACH, FL, 33426</b>		<b>HYPOLUXO RD/ CONGRESS AVE, BOYNTON BEACH, FL, 33426</b>		<b>2</b> 1. Yes 2. No N/A		<b>01</b>	
Date of Arrest <b>07/30/2020</b>	Time of Arrest <b>01:20</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>GARDENS TOWING</b>	
Name (Last, First, Middle) <b>CASTILLO, HORTENSIA,</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White   - American Indian B - Black   - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>2/25/1974</b>	Height <b>4'11</b>	Weight <b>137</b>	Eye Color <b>BRN</b>	Hair Color <b>BRN</b>	Complexion <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Single</b>	Religion	Indication of: Alcohol Influence <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>3736 KIRKWOOD CIR #231, BOYNTON BEACH, FL, 33436</b>		(City)	(State)	(Zip)	Phone <b>(954) 825 1015</b>	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>SALES</b>	
D/L Number, State <b>C234320745650, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>MEXICO</b>	Citizenship <b>YES</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)			
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 355-2526) 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 S. Sell N. N/A P. Possess		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/Derv.	
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(3C1)</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20092314</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>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>							
Court Date and Time Month <b>8</b> Day <b>27</b> Year <b>2020</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
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) <i>Hortensia Castillo</i>				Date Signed <b>07/30/2020</b>			
HOLD for other Agency Name:		Name of Arresting Officer <b>INV G. LYNCH 8568</b>		Name Verification (Printed by Arrestee) <b>JUL 30 AM 4:40</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV G. LYNCH 8568</b>		I.D. # <b>8568</b>		PAGE	
Intake Deputy <b>DS Collins 7622</b>		I.D. #		Pouch #		Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>	
Transporting Officer <b>INV G. LYNCH 8568</b>		ID # <b>8568</b>		Agency <b>BPSO</b>			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

J#0517733

PH 280

PROBABLE CAUSE AFFIDAVIT

1 Arrest  
2 NTA  
3 Request for Warrant  
4 Request for Captive

1

Juvenile

ADMIN	Agency ORI Number FL05000000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 20-092314
	Charge Type Check as many as apply 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other	Special Notes	

CHARGES	Name (Last, First, Middle) CASTILLO, HORTENSIA	Alias	Race W	Sex F	Date of Birth 02/25/1974
	Charge Description D.U.I.	Charge Description	Charge Description	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth
	Local Address (Street, Apt Number) (City) (State) (Zip) Phone	Address Source		
	Business Address (Name, Street) (City) (State) (Zip) Phone	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  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_  
 confessed to \_\_\_\_\_  that he/she saw the arrested person commit the below acts.  
 admitting to the below facts. \_\_\_\_\_ was found to have committed the below acts, resulting from my (described) investigation.  
 On the 30th day of July 20 20 at 0041  A.M  P.M (Specifically include facts constituting cause for arrest.)

The following incident occurred in the 3700 block of Hypoluxo Rd, located within the City of Boynton Beach, Palm Beach County, Florida:

On 07/30/2020 at about 0041 hours, I was flagged down by a witness driving a dark colored BMW near the intersection of I95 and Hypoluxo Rd. He advised me that the pick-up truck in front of him, later identified as a 2007 Toyota Tundra bearing FL tag PCIM98, was possibly DUI as it was driving "strangely on I95". I got behind the vehicle near Hypoluxo Rd and Eastview Dr to observe a driving pattern. The vehicle was in the left travel lane of Hypoluxo Rd traveling westbound. I observed the vehicle drive in a snake like pattern within its lane. The vehicle also failed to maintain within its lane and crossed over the white line approximately 5 times. During these violations, additional vehicular traffic was also westbound in the center and right travel lane of Hypoluxo Rd. I initiated a traffic stop for the above listed violation.

The vehicle took approximately 1 min to pull over to the side of the roadway, after I initiated my emergency lights and siren. The vehicle had at least two opportunities to move off the roadway into a left turn lane. The vehicle finally came to a stop at Hypoluxo Rd and Santaluces Blvd in the left turn lane. I exited my vehicle and approximately 45 seconds after the vehicle came to a stop, it began to back up. I yelled at the driver, later identified as Hortensia Castillo via FLDL, to stop the vehicle, which she did not. As a result, the rear of her vehicle struck the front of my marked PBSO vehicle asset 68542.

I removed the driver from the vehicle and could smell an odor of an unknown alcoholic beverage emanating from her person and breath. I also observed that her eyes were glassy and she had slow dexterity. Further, she was swaying back and forth, having a difficult time maintaining her balance. Castillo was the sole occupant of the vehicle.

DUI Investigator Lynch #8568 responded for a DUI Investigation.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting Investigative Officer)
	The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of JULY 20 20 by B VANDERMEEREN SAN (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PBSO ID
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF JULY 2020, AT 00:41 AM PM

SUBJECT: CASTILLO, HORTENSIA, CASE NUMBER: 20092314

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 7/30/20 I responded to Hypoluxo Rd/ Congress Ave, in Palm Beach County in reference to a traffic stop/ vehicle crash (PBSO case 20092315), with a possibly impaired driver. Upon my arrival I met with D/S Vandermeeren id 31284, who conducted the stop. D/S Vandermeeren advised that he was flagged down by an annoynomus complainant at Hypoluxo Rd/ Congress Ave. The complainant pointed out a black Toyota Tundra pick-up, bearing FL tag PCIM98, and stated they believed the person to be impaired. D/S Vandermeeren followed behind the pick-up, westbound on Hypoluxo Rd. The pick-up drifted left and right and crossed over the right lane marker line several times. D/S Vandermeeren activated his emergency lights to conduct a traffic stop near Eastview Dr. The pick-up continued westbound and finally pulled over at Hypoluxo Rd/ Santaluces Blvd. D/S Vandermeeren went to make contact with the driver, Hortensia Castillo, the sole occupant of the pick-up. Castillo then put the pick-up into reverse and began to back. The rear of the pick-up then struck the front of D/S Vandermeeren's patrol car. D/S Vandermeeren then reached through the window to put the pick-up in park. D/S Vandermeeren observed an odor of an unknown alcoholic beverage coming from Castillo's breath. Castillo's eyes were glassy and her movements were slow.

### OBSERVATION OF DRIVER:

I met with Castillo, who was leaning against the front of her pick-up. I had Castillo stand in front of my patrol car. While walking to the front of my patrol car Castillo appeared unsteady. I observed Castillo's eyes to be bloodshot and glassy. There was an odor of an unknown alcoholic beverage coming from Castillo's breath, which got stronger when she spoke. Castillo exhibited a sway while standing still, and her movements were slow. Castillo advised that she spoke English and stated she did not need a translator. I advised Castillo if she didn't understand what I was saying to let me know and D/S Machin id 35654, who was on scene, would translate. I advised Castillo that the crash investigation was complete and I was going to conduct a criminal DUI investigation. I read Miranda warnings to Castillo, which she advised she understood. Post Miranda Castillo denied being involved in a crash. Castillo advised that she was coming from a friend's house where she had 1 beer approximately 2 hours prior. Based on my observations and Castillo's admission to drinking I asked her to perform standard field sobriety tasks.

### DRIVER'S STATEMENTS:

Castillo advised that she was coming from a friend's house where she had 1 beer approximately 2 hours prior.

### ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

### SPEECH:

ATTITUDE: Calm/ Cooperative

### CLOTHING:

MEDICAL/OTHER: NONE

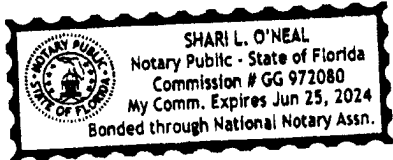
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of JULY 2020 by INV G. LYNCH 8568

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

Shari O'Neal (#6212)  
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: CASTILLO, HORTENSIA,

CASE NUMBER 20092314

**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:**

Castillo was asked to stand with her feet together and place her hands by her sides. Castillo was asked to focus on the stimulus and follow it with her eyes. Castillo was told not to move her head to assist in following the stimulus. Castillo showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I observed vertical nystagmus in both of Castillo's eyes. Castillo exhibited a sway throughout the task and had to be reminded several times to follow the stimulus and not to move her head.

**WALK & TURN:**

I utilized yellow duct tape to make a straight level line, free of debris, that Castillo advised she could see. I advised Castillo that she could remove her shoes if she wanted, which she did. I explained and demonstrated the task to Castillo. During the instructions Castillo failed to maintain the instructional stance, stepping out of the position. Castillo attempted to begin the task prior to being instructed to do so. After completing the instructions Castillo advised she understood and had no questions. During the task Castillo turned her feet sideways, stepping off the line several times, and Castillo did not walk heel-to-toe. Castillo took the incorrect number of steps, taking only 12 steps down and made no attempt to turn. Castillo then advised she had completed the task.

**ONE LEG STAND:**

I explained and demonstrated the task to Castillo. While explaining the task Castillo advised she did not understand and I had D/S Machin translate. After completing the instructions Castillo advised she understood and had no questions. During the task Castillo exhibited a sway. Castillo put her foot down multiple times, prior to 30 seconds elapsing, and stumbled.

**FINGER TO NOSE:**

I explained and demonstrated the task to Castillo. After completing the instructions Castillo advised she understood and had no questions. During the task Castillo missed touching the tip of her nose several times, and used the pad of her finger to touch her nose. Castillo failed to return her hand to her side after touching her nose, every time, despite being reminded to immediately bring it down. Castillo failed to keep her eyes closed and head tilted back as instructed and exhibited a sway, throughout the task. On the third right command Castillo began to use her left first.

**ROMBERG ALPHABET:**

The Romberg alphabet task was not conducted due to Castillo advising she did not know the entire alphabet.

**BREATH TEST RESULTS:** 1)  2)  3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**INV G. LYNCH 8568**

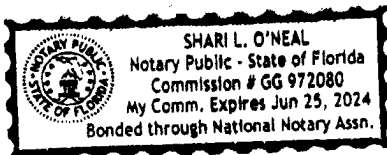
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of JULY 2020 by INV G. LYNCH 8568

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

**Shari O'Neal (#6212)** *Shari O'Neal*

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: 07/30/2020

Date of Last Agency Inspection: 07/17/2020  
Observation Period Began: 01:42  
Subject's Name: HORTENSIA CASTILLO

DOB: 02/25/1974 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	02:13
Air Blank	0.000	02:13
Control Test	0.080	02:14
Air Blank	0.000	02:14
Subject Sample #1	VNM*	02:17
Air Blank	0.000	02:18
Air Blank	0.000	02:20
Subject Sample #2	0.169	02:21
Air Blank	0.000	02:21
Air Blank	0.000	02:23
Subject Sample #3	0.165	02:25
Air Blank	0.000	02:26
Control Test	0.078	02:27
Air Blank	0.000	02:27
Diagnostics Check	OK	02:27

\*Volume Not Met (0.156 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

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 SHARI L O'NEAL, 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: 07-30-20  
Signature

Sworn to (or affirmed) before me this 30 day of July, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Inv. Lynch #8568

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  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 20092314 PBSO ZONE 6-11

AGENCY CASE # / CRASH CASE # 20092315

TIME OF STOP/CRASH 00:41 DATE 07/30/2020 DAY Thursday

SUBJECT'S NAME CASTILLO, HORTENSIA, RACE W SEX F

HGT 4'11 WGT 137 DOB 2/25/1974

LOCATION HYPOLUXO RD/ CONGRESS AVE BOYNTON BEACH, FL, 33426

ARRESTING OFFICER'S NAME & ID INV G. LYNCH 8568 (8568) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

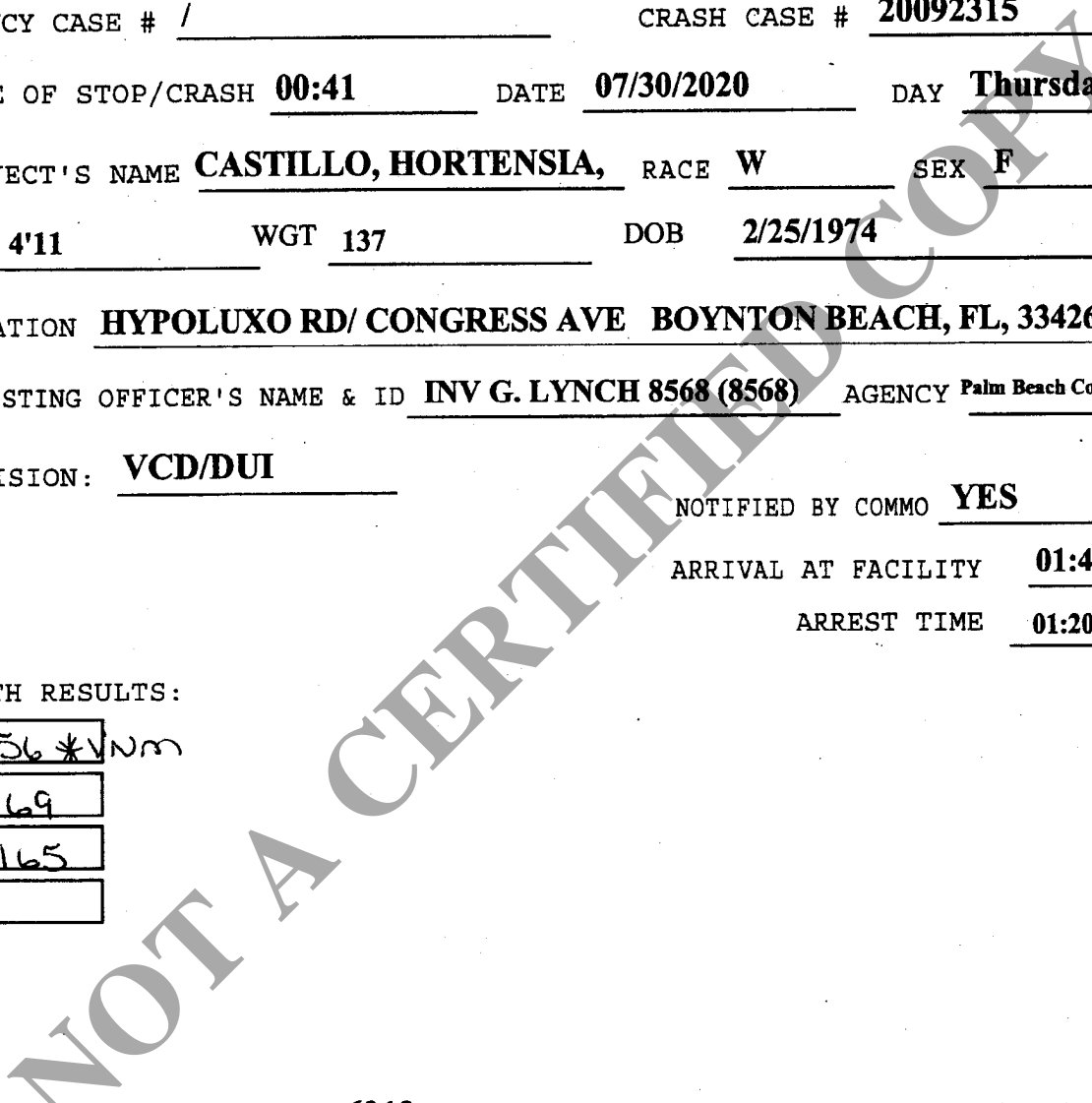
ARRIVAL AT FACILITY 01:42

ARREST TIME 01:20

BREATH RESULTS:

- 1) .156 \* VNM
- 2) .169
- 3) .165
- 4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /



# WITNESS LIST

CASE NUMBER: 20092314

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S VANDERMEEREN SAN 31284

ADDRESS: DIST 6

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: TRAFFIC STOP/ WITNESS CRASH/ IDENTIFY DRIVER

NAME: D/S MACHIN 35654

ADDRESS DIST 6

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

CAN TESTIFY TO: TRANSLATION

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

ADDRESS \_\_\_\_\_

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

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

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ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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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:

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 TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:  TRANSLATION DONE BY D/S MACHIN #35654

ATTITUDE:

CLOTHING:  PANTS-BLUE JEANS/DISTRESSED

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: RED, WATERY FROM CRYING  
STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O LYNCH #8568  
A/O REQUESTED THE BREATH TEST. (IN SPANISH)  
D ASKED IF SHE HAD TO DO IT.  
IMPLIED CONSENT READ ON CAMERA IN SPANISH 2X'S.  
D UNDERSTOOD THE I/C IN SPANISH.  
D SUBMITTED AFTER THE I/C WAS READ TO HER IN SPANISH.  
D HAD A LITTLE DIFFICULTY BLOWING, EXPLAINED TO HER IN ENGLISH AND SPANISH HOW TO BLOW.  
D EVENTUALLY COMPLETED THE TEST CORRECTLY.  
C/W READ ON CAMERA IN SPANISH, D REFUSED Q&A.

SUBJECT: Castillo, Hector CASE NUMBER: 20-042314

# 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 I. Lopez / D/S Machine of the 11250 # 3064

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) \_\_\_\_\_ Read on Camera in Spanish

## 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) \_\_\_\_\_ Read on Camera in Spanish

SUBJECT: Cashill, Hortencia CASE NUMBER: 20-092314

## 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: \_\_\_\_\_

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



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

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2020018108	<b>Date:</b> 07/30/2020
	<b>Specialist Name/ID:</b> T Howard/7185