

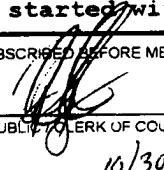

50-2021-CT-018360-ASB

ARREST / NOTICE TO APPEAR		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	JUVENILE
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 1, 0 21-012951	
Charge Type: Check as many as apply: <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 2300 S FEDERAL HIGHWAY		Location of Offense (Business Name, Address) 2300 S FEDERAL HIGHWAY, DELRAY BEACH, FL 33444			
Date of Arrest 10/30/2021	Time of Arrest 01:06	Booking Date 10/30/2021	Booking Time 01:16	Jail Date	Jail Time
Name (Last, First, Middle) ALARCON, INGRID					
Alias: BRD					
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 06/20/1984	Height 5'00	Weight 100	Eye Color BRD
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status	Religion CHRISTIAN	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) 3220 S FEDERAL HWY, DELRAY BEACH, FL 33483		(City) DELRAY BEACH, FL	(State) FL	(Zip) 33483	Phone (561) 774-6647
Permanent Address (Street, Apt. Number) 3220 S FEDERAL HWY, DELRAY BEACH, FL 33483		(City) DELRAY BEACH, FL	(State) FL	(Zip) 33483	Phone (561) 774-6647
Business Address (Name, Street) ALARCIY166L0 / WA		(City) DELRAY BEACH, FL	(State) FL	(Zip) 33483	Phone (561) 774-6647
D/L Number, State ALARCIY166L0 / WA		Soc. Sec. Number	D/S Number		Place of Birth (City, State) GUATEMALA, GU
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 <input type="checkbox"/> 6 Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)			Business Phone
Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 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 355-2526) informed of any change of address.					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Struggle D Deliver E Use	K Disperse D Distribute	M Manufacture P Produce C Cultivate
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
Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)4		Violation of ORD #	
Drug Activity	Drug Type N	Amount Unit	Offense # 21-012951	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	
Transported By		Date Transported	Time Transported	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time	
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	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspected		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)	
Transporting Officer LOPEZ BRIAN		ID # 1218		Agency DELRAY BEACH	
Witness here if subject signed with an					

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ DEFENDANT

D440339

22 OCT 31 11:16:34
FILED
JULIA A. RUIZ
CLERK
SOUTH COUNTY, FL

OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1	JUVENILE
A D M I N	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-012951				
	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes:		
D E F	Name (Last, First, Middle) ALARCON, INGRID				Race W	Sex F	Date of Birth 06/20/1984		
	Charge Description DWI/DUI (ALCOHOL & DRUGS) DWI/DUI (ALCOHOL & DRUGS)				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				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		
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
	<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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 30 day of October, 2021 at 01:06 (Specifically include facts constituting cause for arrest.)</p>								
P R O B A B L E	<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On 10/30/2021 at approximately 0011hrs while on patrol, Ofc Bolanos was traveling south bound on S Federal Highway when he observed a white Jeep Cherokee (bearing the FL tag NXJE49) pass him and commit several traffic violations. This vehicle was occupied by a sole occupant who was later identified as Ingrid Yesenia Alarcon Mateo. The defendant was observed and paced traveling 50mph in a 35mph zone, failed to maintain her lane at least four times, and she was driving without taillights on. Ofc. Bolanos conducted a traffic stop and I responded to back him up.</p>								
	<p>When I arrived on scene, I immediately noticed the defendant appeared impaired with glassy, reddened eyes and dilated pupils. When I asked her questions, she was very slow in her responses and her speech was slurred. The defendant stated she was a nanny and was driving to her home in Boca from baby sitting in Boynton Beach. I told the defendant I was concerned for her safety requested her to perform a few tasks outlined in the Standardized Field Sobriety Test in which she consented. The defendant stepped out of her vehicle and she had a hard time following directions that I explained more than once. I asked her to stand in front of my patrol vehicle, on the solid white line, facing south but she continued to face east or west. I asked the defendant if she spoke and understood English and she stated she fully understands English. At this time, I used my department issued guide to read the Standardized Field Sobriety Tasks verbatim and demonstrated the tasks while I was giving her the directions.</p> <p>During the Horizontal Gaze Nystagmus task, the defendant was starting the task too early. She would not let me finish giving her the directions before she attempted to start the task. During the task, she was instructed to stand with her feet together, arms down by her side and to follow the tip of my pen with her eyes only. During this task, she started with her feet together but she widened her stance shortly after. The</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC, CLERK OF COURT / OFFICE (P.S. 17-0) My Commission GG 966418 Expires 03/05/2024 DATE 10/30/21				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER LOPEZ, BRIAN (1218) NAME OF OFFICER (PLEASE PRINT) DATE 10/30/2021				
					12:18 PAGE 1 OF 3				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 21-012951					
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other		Special Notes					
Name (Last, First, Middle) ALARCON, INGRID				Race W	Sex F	Date of Birth 06/20/1984	

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defendant brought her arms up from her sides and crossed her arms several times and she tracked my pen by turning her head from right to left.

Next, the defendant was instructed and demonstrated on how to perform the walk and turn task. During this task, the defendant started before I was done giving her the instructions. She also did not keep her hands by her side, she did not touch heel to toe on any of her steps and she walked a total of 26 steps, 13 steps in each direction (opposed to the standard 18 steps, nine in each direction). The defendant also did not count out her steps aloud even though she was told to do so.

I then instructed and demonstrated the One Leg Stand Task. The defendant prematurely started this task three times and was instructed to wait until I finished reading the instructions. When I was finally able to show her how to perform the task, she could not complete it. She did not leave her hands at her sides, she continued to fold her arms together, she could not stand on one leg for more than about two seconds and she did not count aloud in the following fashion, 1001, 1002, 1003, 1004 and so on.

The final task I instructed and demonstrated for the defendant was the Finger to Nose task. During this task, the defendant was instructed to complete six cycles of touching the tip of her finger to her nose and she touched the bridge of her nose, closer to her eyebrows, every time. She did not touch the tip of her nose once. She was also unable to keep her eyes closed during the exercise.

The defendant was placed under arrest for Driving While Under the Influence. I placed her into handcuffs, checked for proper spacing and double locked the handcuffs. The defendant was transported to the Palm Beach County BAT where she knowingly and willingly refused to consent to a breathalyzer test. Post Miranda warning I asked her follow up questions in which she did state she was driving her white Jeep, traveling south on S Federal Highway from Boynton Beach to her address in Boca Raton. The defendant did not state if she had anything to drink but she did state she does not have any medical conditions nor is she on any medications. She also stated that she has not been to a doctor or dentist in the past 24 hours, she has not been in an accident recently, and she does not have any issues with her eyes or her ears.

During an inventory of the vehicle, prior to tow, Ofc. Musliu located two glass bottle Stella Artois in a purse in the back seat and one empty can of Stella Artois on the front passenger floorboard.

The defendant was issued a citation for Driving While Under the Influence, Driving without any taillights on, Fail to drive in a single lane, and Unlawful speed on a State Road. See DUI probable cause affidavit for further.

Based on the above stated facts, probable cause exists to charge the defendant, Alarcon

SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10/30/21 DATE </div>		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER LOPEZ, BRIAN (1218) NAME OF OFFICER (PLEASE PRINT) <div style="text-align: center;"> 10/30/2021 DATE </div>
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PAGE

2 OF 3

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STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P.I.O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 21-012951				
	Charge Type: Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other _____		Special Notes				
DEF	Name (Last, First, Middle) ALARCON, INGRID		Alias		Race W	Sex F	Date of Birth 06/20/1984
	<p>Mateo, Ingrid, with one count of driving under the influence in violation of FSS 316.193(1).</p> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-30deg); opacity: 0.1; font-size: 100px; pointer-events: none;">NOT A CERTIFIED COPY</div>						
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME						
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 100.01) Renee Ragin My Commission GG 968418 Expires 03/05/2024		LOPEZ, BRIAN (1218) NAME OF OFFICER (PLEASE PRINT)				
	DATE 10/30/21		DATE 10/30/2021				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF October 2021, AT 12:11 AM PM
SUBJECT: Alarcon Mateo, Ingrid CASE NUMBER: 21-012951
AGENCY: DELRAY BEACH ARRESTING OFFICER: Lopez

PERSONAL CONTACT

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

On 10/30/2021 at approximately 0011hrs while on patrol, Ofc Bolanos was traveling south bound on S Federal Highway when he observed a white Jeep Cherokee (bearing the FL tag NXJE49) pass him and commit several traffic violations. This vehicle was occupied by a sole occupant who was later identified as Ingrid Yesenia Alarcon Mateo. The defendant was observed and paced traveling 50mph in a 35mph zone, failed to maintain her lane at least four times, and she was driving without taillights on.

OBSERVATION OF DRIVER:

When I arrived on scene, I immediately noticed the defendant appeared impaired with glassy, reddened eyes and dilated pupils. When I asked her questions she was very slow in her responses and her speech was slurred. The defendant stepped out of her vehicle and she had a hard time following directions that I explained more than once. I asked her to stand in front of my patrol vehicle, on the solid white line, facing south but she continued to face east or west.

DRIVER'S STATEMENTS:

The defendant stated she was a nanny and was driving to her home in Boca from baby sitting in Boynton Beach. She denied having any alcoholic beverages tonight.

ODORS:

I did not smell any odors coming from the defendant.

GENERAL OBSERVATIONS

SPEECH: SLOW, SLURRED

ATTITUDE: POLITE, UPSET

CLOTHING: PINK SHIRT, BLACK JEANS, WHITE SHOES

MEDICAL PROBLEMS:

NONE

MEDICATIONS: NONE

OTHER:

The defendant refused to consent to a Breath Test.

SUBJECT: Alarcon Mateo, Ingrid CASE NUMBER: 21-012951

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> LEFT EYE DOES NOT FOLLOW SMOOTHLY | <input checked="" type="checkbox"/> RIGHT EYE DOES NOT FOLLOW SMOOTHLY |
| <input type="checkbox"/> LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS | <input type="checkbox"/> RIGHT EYE JERKS AT 45 DEGREE 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:

During the Horizontal Gaze Nystagmus task, the defendant was starting the task too early. She would not let me finish giving her the directions before she attempted to start the task. During the task, she was instructed to stand with her feet together, arms down by her side and to follow the tip of my pen with her eyes only. During this task, she started with her feet together but she widened her stance shortly after. The defendant brought her arms up from her sides and crossed her arms several times and she tracked my pen by turning her head from right to left.

CAN NOT DO, WHY? _____

ONE LEG STAND:

The defendant prematurely started this task three times and was instructed to wait until I finished reading the instructions. When I was finally able to show her how to perform the task, she could not complete it. She did not leave her hands at her sides, she continued to fold her arms together, she could not stand with her feet together for more than about two seconds and she did not count aloud in the following fashion, 1001, 1002, 1003, 1004 and so on.

CAN NOT DO, WHY? DEFENDANT TO INTOXICATED TO CONDUCT ANY TASKS

FINGER TO NOSE:

During this task, the defendant was instructed to complete six cycles of touching the tip of her finger to her nose and she touched the bridge of her nose, closer to her eyebrows, every time. She did not touch the tip of her nose once. She also could not complete the task with her eyes closed.

CAN NOT DO, WHY? _____

ROMBERG/ALPHABET:

This task was not observed.

CAN NOT DO, WHY? _____

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 10/30/2021 (DATE)

BY: _____

WITNESS LIST

CASE NUMBER: 17-018061

ARRESTING OFFICER: Lopez

ADDRESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL. 33444

PHONE NUMBERS (HOME): 561-243-7888 Extension 2495 (WORK) 561-243-7888 Extension 2495

CAN TESTIFY TO: **DUI**

NAME: Sgt. Kelly

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Defendants actions and statements

NAME: Ofc. Bolanos

ADDRESS 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Defendants driving pattern

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Alarcon Mateo, Ingrid Y.

CASE NUMBER: 21-122625

DATE: Oct 30, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:03

ENDING TIME: 02:14

BREATH TESTS RESULTS: 1) Refusal TIME 02:06 A.M. ☒ P.M. ☐ 2) N/A TIME A.M. ☐ P.M. ☐

3) N/A TIME A.M. ☐ P.M. ☐ 4) N/A TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Accent

ATTITUDE: Calm, cooperative

CLOTHING: Black jeans, pink & red shirt, white sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are red

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:37 hrs.

Subject stated do I have to.

A/O read I/C and subject stated she understood I/C.

Subject refused to take test.

A/O read rights.

Subject stated she understood rights.

A/O conducted Q&A.

Subject answered Q&A.

REFUSED

SUBJECT: Haroon Mto, Ingrid Y. CASE NUMBER: _____

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) Read on Camera

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

SUBJECT: Hill, White, Terry CASE NUMBER: _____

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: _____



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-122625 PBSO ZONE 4-22
AGENCY CASE # 21-012951 CRASH CASE # _____
TIME OF STOP/CRASH 2352 DATE 10/29/21 DAY Friday
SUBJECT'S NAME Ingrid Yessenia Alarcon Mateo RACE W SEX F
HGT 5'01" WGT 110 DOB 6/20/1984
LOCATION 2300 S Federal Hwy
ARRESTING OFFICER'S NAME & ID Lopez 1218 AGENCY Delray Beach
DIVISION: Community patrol NOTIFIED BY COMMO Y
ARRIVAL AT FACILITY 0137
BREATH RESULTS: Arrest Time 0106
1. _____
2. _____
3. _____
4. _____
TESTING OFFICER'S ID 16877

REFUSED

NOT A CERTIFIED COPY

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST**

I, Lopez, a duly certified Law Enforcement Officer or Correctional Officer, am a member of DELRAY BEACH POLICE DEPARTMENT, and I do swear (Name of enforcement agency)

or affirm that on or about the 30 day of October, 2021, at 12:11 P.M. (A.M.) (Circle One)

NAME Ingrid Yesenia Alarcon Mateo
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# ALARCIY166L0 state of Washington, was placed under lawful arrest for the offense of D.U.I. by Lopez and (Name of Arresting Officer)

issued Citation # AF6DQJE

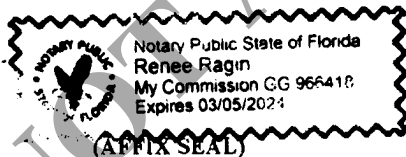
That on or about the 30 day of October, 2021 at 2:06 P.M. (A.M.) (Circle One)

in PALM BEACH County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said person to submit to a ☒ breath, ☐ urine, or ☐ blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. In cases involving a Commercial Motor Vehicle, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.

Said person did at that time and place refuse to submit to such test or tests.

[Signature] 12:13
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 30 day of October, 2021

by B. Lopez

who is personally known to me or who has produced _____ as identification.

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer _____

Title OFFICER

Date 10/30/2021

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit. If no DUI arrest is made, attach HSMV 72005 (Notice of Commercial Driver's License/Privilege Disqualification).