

21CT 4266AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

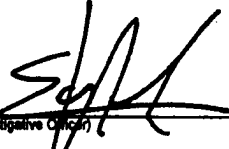
1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias  
1 Juvenile N

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>06-21-045657</b>				
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>Military Trail/Camino Real, Boca Raton FL</b>				Location of Offense (Business Name, Address) <b>Military Trail/Camino Real, Boca Raton FL</b>						
Date of Arrest <b>03/16/2021</b>	Time of Arrest <b>2300</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ATLANTIC TOWING</b>				
Name (Last, First, Middle) <b>Thompson, Karen, S</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth <b>9/20/1954</b>	Height <b>5'02"</b>	Weight <b>125</b>	Eye Color <b>Br</b>	Hair Color <b>BL</b>	Complexion <b>Fair</b>	Build <b>Med</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>				Marital Status <b>Married</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influx Drug Influx Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>1935 Sw 7th Place, Boca Raton, FL 33486</b>		(City)	(State)	(Zip)	Phone <b>(561) 654 5420</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>DEFENDANT</b>				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>Retire</b>				
D/L Number, State <b>T512517548400, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Ft Monmouth NJ</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			
Parent Legal Custodian Name (Last) (First) (Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone 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 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 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- Crash</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	Offense # <b>21-045657</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>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>										
Court Date and Time Month <b>4</b> Day <b>8</b> Year <b>21</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. <i>Karen Thompson</i> Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed <b>03/16/2021</b>										
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arresting Officer)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Cpl. A. Soloway 8586</b>		I.D. # <b>8586</b>				
Transporting Officer <b>A. SOLOWAY 8586</b>		ID #		Agency <b>PBSO</b>		PAGE <b>1 OF 1</b>				

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

# 0522074

MAR 17 2021 # 8763

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number <b>FL0 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-2104560 57</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>Thompson, Karen, S</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>9/28/1954</b>		
Charge Description		Charge Description						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) <b>Alessio, Gino, D</b>		Race <b>W</b>		Sex <b>M</b>	Date of Birth <b>06/03/1971</b>			
Local Address (Street, Apt. Number) <b>6953 Barbarosa St, Boca Raton, FL 33433</b>		(City)	(State)	(zip)	Phone ( ) ( )		Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone ( ) ( )		Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p><input checked="" type="checkbox"/> Person taken into custody</p> <p><input checked="" 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>16th</u> day of <u>March</u> 20<u>21</u> at <u>2132</u> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 03/16/2021, at approximately 2132 hours, I responded to the intersection of South Military Trail/ Camino Real, in the unincorporated Boca Raton/ Palm Beach County, Florida, in reference to a vehicle crash that just had occurred. While en-route, PBSO Dispatch advised the complainant, later identified as Gino Alessio stated a white female driving a Black Mercedes bearing Florida Tag #KTII had hit his vehicle left the scene driving northbound on Military Trail. Gino continued to follow her few miles down from the location where she stopped at the 1900 Camino Real gate community entrance.</b></p> <p><b>Upon arrival, I observed the black Mercedes completely stopped on the front gate at the address mentioned above. As I approached the vehicle by the driver's side, I saw a white female in the driver's seat, who was later were identified by her Florida Driver's license as Karen Thompson. The vehicle lights were on, and I could hear the engine running while the vehicle appeared in drive mode. I introduced myself as law enforcement, and Karen was confused about my presence. The black Mercedes convertible top was down, and while I was standing, I could smell a strong odor of an unknown alcoholic beverage emanating from the vehicle.</b></p> <p><b>At that point, I explained the reason for my encounter, and I saw that Thompson had a glassy eye. At first, she denied being involved in an accident but later changed her story accusing Gino of being an aggressive driver. Thompson kept trying to exit her vehicle. I had to order her several times to stay in her vehicle in order to complete my crash investigation. I then asked Thompson if she had been drinking tonight. Thompson answered, " I had a few drinks at the restaurant while I was having dinner."</b></p> <p><b>After speaking with Thompson, I made contact with the third-party witness, Myron Dance, who advised he saw Thompson's driving behavior before and after the crash. Myron advised she was swerving on the road, which he tried to ward her by utilizing his vehicle's horn. Myron advised Thompson continued to drive in careless behavior resulting in crashing into Gino's vehicle. Myron advised after she had hit Gino's vehicle that she refused to stop and continue driving Northbound on a Military trail. Myron advised he followed her, and he captured the incident in his in-dash car video. Myron advised he will provide the footage at a later time. Myron completed a written sworn statement.</b></p> <p><b>I then made contact with Gino, whose statement matched with the Myron. Gino also completed a written sworn statement.</b></p> <p><b>Based on my observations of the driver, refusing to stop, and her admitting to consuming alcoholic beverage, I contacted traffic Investigator Deputy Soloway #8582 and requested he responded to the scene. Upon Investigator Deputy Soloway arrival, I turned the scene over to him.</b></p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		 <b>E. ALVES #32404</b>						
(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>16</u> day of <u>MARCH</u> 20 <u>21</u> by <u>E. ALVES</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. 117.10)								

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF March 2021, AT 2132 AM  PM

SUBJECT: Thompson, Karen, S CASE NUMBER: 21-045657

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. A. Soloway 8586

## PERSONAL CONTACT

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

I responded to 1900 Camino Real in reference to a crash involving a possible impaired driver. Upon my arrival I met with DS E. Alves #32484 who advised me: On 03/16/2021, at approximately 2132 hours, I responded to the intersection of South Military Trail/ Camino Real, in the unincorporated Boca Raton/ Palm Beach County, Florida, in reference to a vehicle crash that just had occurred. While en-route, PBSO Dispatch advised the complainant, later identified as Gino Alessio stated a white female driving a Black Mercedes bearing Florida Tag #KTHH had hit his vehicle left the scene driving northbound on Military Trail. Gino continued to follow her few miles down from the location where she stopped at the 1900 Camino Real gate community entrance.

Upon arrival, I observed the black Mercedes completely stopped on the front gate at the address mentioned above. As I approached the vehicle by the driver's side, I saw a white female in the driver's seat, who was later were identified by her Florida Driver's license as Karen Thompson. The vehicle lights were on, and I could hear the engine running while the vehicle appeared in drive mode. I introduced myself as law enforcement, and Karen was confused about my presence. The black Mercedes convertible top was down, and while I was standing, I could smell a strong odor of an unknown alcoholic beverage emanating from the vehicle.

At that point, I explained the reason for my encounter, and I saw that Thompson had a glassy eye. At first, she denied being involved in an accident but later changed her story accusing Gino of being an aggressive driver. Thompson kept trying to exit her vehicle. I had to order her several times to stay in her vehicle in order to complete my crash investigation. I then asked Thompson if she had been drinking tonight. Thompson answered, "I had a few drinks at the restaurant while I was having dinner."

After speaking with Thompson, I made contact with the third-party witness, Myron Dance, who advised he saw Thompson's driving behavior before and after the crash. Myron advised she was swerving on the road, which he tried to ward her by utilizing his vehicle's horn. Myron advised Thompson continued to drive in careless behavior resulting in crashing into Gino's vehicle. Myron advised after she had hit Gino's vehicle that she refused to stop and continue driving Northbound on a Military trail. Myron advised he followed her, and he captured the incident in his in-dash car video. Myron advised he will provide the footage at a later time. Myron completed a written sworn statement.

## OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of her vehicle. I requested she exit her vehicle and walk to the front of my vehicle. As she walked she was swaying and appeared to have an unsteady gait. Her eyes were red and glassy. There was an odor of an unknown alcoholic beverage coming from her breath. This odor intensified as she spoke. Her speech was slurred.

## DRIVER'S STATEMENTS:

The defendant stated she was coming from Muddy Waters where she drank 1 1/2 glasses of white wine. She denied having any medical conditions or physical abnormalities or being injured. She stated the other vehicle was speeding when the crash occurred. She said she did not stop after the crash.

## ODORS:

There was an odor of an unknown alcoholic beverage coming from her breath. This odor intensified as she spoke.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant, mood swings

CLOTHING: black shirt, flip flops, blue pants

MEDICAL/OTHER: stated none

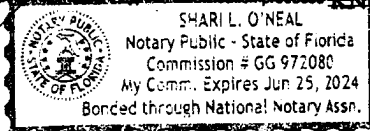
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Cpl. A. Soloway 8586  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of March 2021 by Cpl. A. Soloway 8586

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produces satisfactory evidence of his/her identity as SHARI LEO

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



**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:**

The defendant was swaying during this task. She moved her head several times.

**WALK & TURN:**

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant was unable to maintain the instructional position. She began the task before being instructed to begin. She stepped off the line several times. She missed heel to toe on most steps. She took 14 steps up the line. She then stopped and asked "should I do it again". She then walked to the opposite end of the line to begin again. Again, she stepped off the line and missed heel to toe several times and took 12 steps.

**ONE LEG STAND:**

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant was swaying during this task. She picked up her foot and immediately put it down on the count of 1001, 1002, and 1003. She miscounted after 1004 and began counting 5, 6, 7, 8.

**FINGER TO NOSE:**

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant touched the side of her right and left eye on each attempt. She failed to return her arm to her side on all attempts. She opened her eyes during this task. She was swaying during this task.

**ROMBERG ALPHABET:**

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant incorrectly recited the alphabet several times. She was swaying during this task.

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

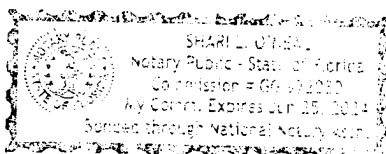
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Cpl. A. Soloway 8586  
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of March, 2021 by Cpl. A. Soloway 8586

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

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





**PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS  VICTIM  OTHER

CASE #:	210456051	ZONE:	7-21	SUSPECT:	Karen Thompson	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	11/16/12 2:17
EVENT TYPE:	AUI	DEPUTY:	Scolony	ID#:	8586		

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME:	Alessio	FIRST NAME:	Gino	MIDDLE INITIAL:	D	RACE:	C	SEX:	M
DATE OF BIRTH: (MM/DD/YYYY)	06/03/1971	YOUR HEIGHT:	6'1"	YOUR WEIGHT:	225	YOUR HAIR COLOR:	BLK	YOUR EYE COLOR:	HAZEL
YOUR HOME ADDRESS:	6953 Barbarossa St. Boca Raton 33433			CITY:	Boca Raton	STATE:	FL	ZIP:	33433
YOUR WORK NAME & ADDRESS:	Same address as above			CITY:		STATE:		ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE					
(561) 997-4855	( ) Same	( )	bocaraton9@yahoo.com						

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

YOUR NAME:	1 Gino Alessio	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
------------	----------------	--

I was driving down military trail, heading North, in the left lane. I got hit on the right side and was being pushed into the median. I ended up behind the car that hit me & waited for it to stop. It didn't stop, I called 911. told them what happened & that the driver was trying to flee the scene I followed her to Boca swim & Racquet club @ 1900 Camino Real. We got blocked at the gate. I was still on with 911. A guy named Anthony came up to me and said he had it all on dash cam. Then the police arrived. she gave the gate manager a hard time.

READ AND SIGN	I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	YOUR SIGNATURE: X	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 11/16/12 TIME: 2:29 SIGNATURE: [Signature] ID: 8586
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IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.  DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

SUBJECT: \_\_\_\_\_ 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) \_\_\_\_\_

## 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) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ 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: \_\_\_\_\_

# WITNESS LIST

CASE NUMBER: 21-045657

ARRESTING OFFICER: Cpl. A. Soloway 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 386 9001

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS E Alves #32404

ADDRESS: PBSO

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

CAN TESTIFY TO: Crash investigation

NAME: Dace, Myron, Anthony

ADDRESS 3601 N Military Trl, Boca Raton, FL 33431

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

CAN TESTIFY TO: witness to crash, wheel witness

NAME: Alessio, Gino, D

ADDRESS 6953 Barbarossa St, Boca Raton, FL 33433

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

CAN TESTIFY TO: victim driver, wheel witness

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: \_\_\_\_\_

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

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

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  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 21-045657 PBSO ZONE 7-21

AGENCY CASE # \_\_\_\_\_ CRASH CASE # 21-045643

TIME OF STOP/CRASH 2132 DATE 03/16/2021 DAY Tuesday

SUBJECT'S NAME Thompson, Karen, S RACE W SEX F

HGT 5'02" WGT 125 DOB 9/20/1954

LOCATION Military Trail/Camino Real, Boca Raton FL

ARRESTING OFFICER'S NAME & ID Cpl. A. Soloway 8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2350

ARREST TIME 2300

BREATH RESULTS:

1) .104

2) .103

3) \_\_\_\_\_

4) \_\_\_\_\_

TESTING OFFICER'S ID 6212

PBSO VIDEOTAPE # /

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBSO CPL. SOLOWAY #8586

SUBJECT: THOMPSON, KAREN S.

CASE NUMBER: 21-045657

DATE: 03/16/21 & 03/17/21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0012 HRS

ENDING TIME: 0024 HRS

BREATH TESTS RESULTS: 1) .104 TIME 0018 A.M.  P.M.  2) .103 TIME 0021 A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, COOPERATIVE, A LITTLE EMOTIONAL AT TIMES

CLOTHING: SHIRT- BLACK PANTS- BLUE JEANS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, LOW POTASSIUM NO ALLERGIES

MEDICATIONS: SEVERAL MEDS.

## OTHER:

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

## COMMENTS:

20 MIN. OBSERVATION DONE BY THE A/O SOLOWAY #8586  
A/O REQUESTED THE BREATH TEST.  
D ASKED IF SHE SAID NO, A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.  
D UNDERSTOOD THE I/C AS READ.  
D DECIDED TO SUBMIT AFTER THE I/C WAS READ.  
D COMPLETED THE TEST CORRECTLY.  
EXPALINED THE BREATH RESULTS TO THE D.  
A/O STATED C/W WAS READ ON SCENE.  
D REFUSED Q&A.

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: 80-006240 Software: 8100.27  
Date of Test: 03/17/2021

Date of Last Agency Inspection: 03/12/2021  
Observation Period Began: 23:50  
Subject's Name: KAREN S THOMPSON DOB: 09/20/1954 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	00:16
	Air Blank	0.000	00:16
	Control Test	0.079	00:17
	Air Blank	0.000	00:17
	Subject Sample #1	0.104	00:18
	Air Blank	0.000	00:19
	Air Blank	0.000	00:21
	Subject Sample #2	0.103	00:21
	Air Blank	0.000	00:22
	Control Test	0.077	00:22
	Air Blank	0.000	00:23
	Diagnostics Check	OK	00:23

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 SHARX 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: 03-17-21  
Signature

Sworn to (or affirmed) before me this 17 day of March, 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Cpl. Soloway # 8586

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**  
Florida State Statute Exemption Sheet

**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021006492	Date: 3/17/2021
	Specialist Name/ID: M. Tooks #8557