

21CT9747SB  
PH 1063  
JH 0423867

ARREST / NOTICE TO APPEAR		1. Arrest	3. Request for Warrant	1	JUVENILE
2. N.T.A.		4. Request for Capias			
OBTS Number					
Agency ORI Number	Agency Name		Agency Report Number (N.T.A.'s only)		
0500400	Delray Beach Police Department		4   0   21-007183		
Charge Type:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other
Check as many as apply			If Weapon Seized		Multiple Clearance Indicator
				Enter Type	UNARMED
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)			
900 W ATLANTIC AVE DELRAY BEACH, FL		900 W ATLANTIC AVE, DELRAY BEACH, FL 33444			
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time
06/12/2021	02:50	06/12/2021	03:00	06/12/2021	06:07
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)			
DIAZ-ALVAREZ, KARINA		Alias:			
Race	Sex	Date of Birth	Height	Weight	Eye Color
W - White B - Black O - Oriental/Asian	W F	09/05/1991	5'02	128	BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion	Complexion	Build
		D	CATHOLIC	MEDIUM	SMALL
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone
635 ANDERSON CIR 309, DEERFIELD BEACH, FL 33441					(561) 891-0758
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone
635 ANDERSON CIR 309, DEERFIELD BEACH, FL 33441					(561) 891-0758
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship	
D241500918250 / FL			HOLYOKE, MA, United	US	
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	
				<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
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	
				<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)				Residence Phone
<input type="checkbox"/> Legal Custodian	(City) (State) (Zip)				Business Phone
Address (Street, Apt. Number)					
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.		School Attended		Grade	
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		VEHICLES		Value of Property \$1,000	
Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other
N. N/A	B. Buy	D. Deliver			
P. Possess	T. Traffic	E. Use			
Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown	Z. Other
N. N/A	C. Cocaine	M. Marijuana			
A. Amphetamine	E. Heroin	O. Opium/Deriv.	S. Synthetic		
Charge Description		Statute Violation Number		Violation of ORD #	
DUI-DAMAGE TO PERSON/PROPERTY		316.193(3)(C)(1)			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
	N	/	21-007183	1	<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			
Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					
Transported By		Date Transported	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)			
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court		South County 200 W Atlantic Ave Delray Beach, FL 33444			
but must comply with instructions on Page 2.		Court Date and Time			
		07/12/2021 08:30:00			
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)					
HOLD for Other Agency		Signature of Arresting Officer		Name (Print) of Person Signed by Arresting Officer	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest		Name of Arresting Officer (Print)		(PRINT)	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		WINDSOR, NICHOLAS		1029	
Intake Deputy		I.D. #	Pouch #	Transporting Officer	
CPI Hanley (760)				WINDSOR	
		I.D. #	Agency	Witness here if subject signed with an "X".	
		1029	DBPD		

FILED  
No Photo Available  
JUL 13 2021  
CLERK OF COUNTY COURTS  
(CRIMINAL DIV.)  
PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF June 20 21 AT 0201 ☒ AM ☐ PM  
SUBJECT: DIAZ-ALVAREZ, KARINA CASE NUMBER: 21-007183  
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

## PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.  
On 06/12/21 at 0201hrs Ofc. Bruno #1195 DBPD arrived on scene of a motor vehicle crash in the 900 block of W. Atlantic Ave. Ofc. Bruno met with all parties involved and conducted a crash investigation. I responded to the scene to conduct a DUI investigation. I met with two witnesses (Stephan Allen & Rick Calpitano) who provided a sworn statement that was recorded on my body worn camera. Both witnesses stated their vehicle was stopped in traffic when a black 2014 Chevrolet Cruze (FL Tag #QYEA74) struck their vehicle's rear end. Both witnesses exited their vehicle and observed a white female sitting in the Chevrolet's driver seat. The Chevrolet's engine was running and there was nobody else inside the Chevrolet. Both witnesses identified the white female at the crash scene as the driver of the Chevrolet. Allen stated he spoke face to face with the female driver and he smelled an odor of alcohol. I met with the white female driver and identified her by her FL DL as Karina Diaz-Alvarez. I informed Diaz-Alvarez I was on scene to conduct a DUI investigation and she acknowledged. Diaz-Alvarez has one prior DUI conviction on 03/13/2012 per her D.A.V.I.D. record.

## OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Diaz-Alvarez. Diaz-Alvarez went through several mood swings before I met with her. Diaz-Alvarez went from crying and emotional to being angry and yelling. Diaz-Alvarez was unsteady on her feet when she initially stood up. Diaz-Alvarez's eyes were red and had a glassy appearance. Diaz-Alvarez's pupils had little change in size when exposed to changes in light. Diaz-Alvarez speech was slurred while she was speaking. Diaz-Alvarez would often go on a long statement about a subject that had no relevance to my question or the situation.

## DRIVER'S STATEMENTS:

Diaz-Alvarez stated she was on her way home when the crash occurred. Diaz-Alvarez did not make sense when she was explaining how the crash occurred. Diaz-Alvarez often went into an emotional breakdown over her husband divorcing her and cheating on her. Diaz-Alvarez stated she consumed one beer at 2200hrs. Diaz-Alvarez denied driving the Chevrolet when the crash occurred. Diaz-Alvarez stated her friend "Josh" was driving and she was a passenger. Diaz-Alvarez stated she did not know where "Josh" was and did not know why he would have left the crash scene. Diaz-Alvarez refused to provide a last name for "Josh". I informed Diaz-Alvarez a hit and run crash was criminal and "Josh" would be facing charges if he didn't come back. I again asked Diaz-Alvarez what "Josh's" last name was and she replied "Josh Criminal". I observed the driver seat of the Chevrolet to be set forward toward the steering wheel as if a short person was driving. I asked Diaz-Alvarez how tall "Josh" was and she replied around my height with similar build. At the current position of the driver seat was set, I could not have gotten into the Chevrolet and sat down in the driver seat. There was clothing on the front passenger seat and other items in the passenger floorboard as if nobody was sitting in the front passenger seat. I requested Diaz-Alvarez perform roadside tasks and she refused. I informed Diaz-Alvarez of Taylor Warming and she acknowledged she understood. Diaz-Alvarez again refused to perform roadides.

## ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Diaz-Alvarez

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Uncooperative during the investigation and after arrest became cooperative.

CLOTHING: Black/Tan Shirt, Blue Jean Shorts, Brown Flip Flops

MEDICAL/OTHER: UTI

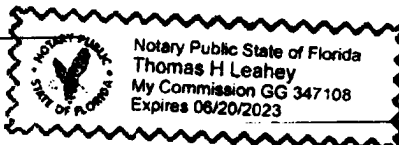
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of June 20 21 by Ofc. Windsor #1029

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

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



SCANNED  
JUN 13 2021

SUBJECT: DIAZ-ALVAREZ, KARINA

CASE NUMBER DBPD #21-007183

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED ROADSIDES

WALK & TURN:

REFUSED ROADSIDES

ONE LEG STAND:

REFUSED ROADSIDES

FINGER TO NOSE:

REFUSED ROADSIDES

ROMBERG ALPHABET:

REFUSED ROADSIDES

BREATH TEST RESULTS:

1) .204 2) .216 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

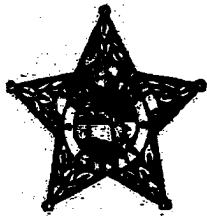
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of June 2021 by Ofc. Windsor #1029

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

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

Notary Public State of Florida  
Thomas H Leahey  
My Commission GG 347108  
Expires 06/20/2023



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

PBSO CASE # 21-075194 PBSO ZONE 4-13  
AGENCY CASE # 21-007183 CRASH CASE # 21-007183  
TIME OF STOP/CRASH 0201 DATE 06/12/21 DAY SATURDAY  
SUBJECT'S NAME DIAZ-ALVAREZ, KARINA RACE W SEX F  
HGT 5'02" WGT 128 DOB 09/05/91  
LOCATION 900 W ATLANTIC AVE, DELRAY BEACH, FL  
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD  
DIVISION: CRD  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0330  
BREATH RESULTS: ARREST TIME 0250  
1) . 204  
2) . 214  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

**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: 80-006476 Software: 8100.27  
Date of Test: 06/12/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 03:30

Subject's Name: KARINA DIAZ-ALVAREZ

DOB: 09/05/1961 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		04:01
	Air Blank	0.000	04:01
	Control Test	0.080	04:02
	Air Blank	0.000	04:02
	Subject Sample #1	0.204	04:03
	Air Blank	0.000	04:04
	Air Blank	0.000	04:05
	Subject Sample #2	0.216	04:06
	Air Blank	0.000	04:07
	Control Test	0.078	04:07
	Air Blank	0.000	04:07
	Diagnostics Check OK		04:08

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 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: 06-12-21

Sworn to (or affirmed) before me this 12 day of June, 2021

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

# TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. WINDSOR #1029	
SUBJECT: DIAZ-ALVAREZ, KARINA	CASE NUMBER: 21-075194
DATE: 06-12-21	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0355 HRS	ENDING TIME: 0410 HRS
BREATH TESTS RESULTS: 1) .204 TIME 0403 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> 2) .216 TIME 0406 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>	
3) TIME A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 4) TIME A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
BREATH OPERATOR: S.O'NEAL #6212	
MAINTENANCE TECHNICAN: J. KARLECKE #6467	

## TESTING OFFICER'S OBSERVATIONS

SPEECH:	SLUR
ATTITUDE:	CALM, COOPERATIVE, POLITE, HESITANT, TALKATIVE, PROFANITY, EMOTIONAL, MOODSWINGS
CLOTHING:	SHIRT- TAN & BLACK PRINT SHORTS- BLUE JEAN
MEDICAL CONDITIONS:	SCOLIOSIS
MEDICATIONS:	NONE

## OTHER:

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

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WINDSOR #1029  
A/O REQUESTED THE BREATH TEST ON CAMERA.  
D SUBMITTED AT FIRST, THEN ASKED ABOUT NOT SUBMITTING.  
A/O READ THE IMPLIED CONSENT ON CAMERA.  
D UNDERSTOOD THE I/C AS READ, D STILL DECIDED TO SUBMIT AFTER THE I/C WAS READ TO HER.  
D COMPLETED THE TEST CORRECTLY.  
EXPLAINED THE RESULTS TO THE D.  
C/W READ ON CAMERA, D REFUSED Q&A

SUBJECT: 0112 HCV 112, 1010001 CASE NUMBER: 0112 HCV 112, 1010001

## 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 0112 HCV 112, 1010001 of the 0112 HCV 112, 1010001 DEPT.

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: 102-11482, P. 1218A CASE NUMBER: 102-11482-1218A

## 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 INIURED? 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: JOHN W. HARRIS



## WITNESS LIST

CASE NUMBER: DBPD #21-007183

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

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

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: OFC. BRUNO #1195 DBPD

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

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: STEPHAN LEONARD ALLEN

ADDRESS: 1728 SE HAVERFORD ST., PORT ST LUCIE, FL 34983

PHONE NUMBERS (HOME) 305-409-7769 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS / DRIVER IDENTIFICATION

NAME: RICK P. CALPITANO

ADDRESS: 1171 NW 10TH CT., BOYNTON BEACH, FL 33426

PHONE NUMBERS (HOME) 561-573-7686 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS / DRIVER IDENTIFICATION

NAME: MICHELLE PRETTI CALPITANO

ADDRESS: 1171 NW 10TH CT., BOYNTON BEACH, FL 33426

PHONE NUMBERS (HOME) 561-573-7686 (WORK) \_\_\_\_\_

CAN TESTIFY TO: VICTIM VEHICLE PASSENGER

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: \_\_\_\_\_



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

**REVIEW COMPLETED BY**

Booking Number: 2021014303	Date: 06/13/2021
	Specialist Name/ID: T Howard/7185