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3743  
**Arrest Report**

FLORIDA HIGHWAY PATROL  
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 2/7/2020 02:43 AM	Report Number FHP99ARR816338	Case Number/Cad Number FHPL20OFF008137 / LWRC20CAD022005	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 02/07/2020 02:05:11 -	Jurisdiction	Clearance

**Location of Occurrence**

County PALM BEACH	Location Type PUBLIC PLACE	Location Description ROADWAY			
Street Number SR-80	Street EB PARKER AVE	Apt/Lot/Bldg	City WEST PALM BEACH	State FL	Zip Code 33405

**Defendant**

First Name LINA	Middle Name MARIA	Last Name TORRES	Suffix	Race WHITE	Sex FEMALE	Height 503	Weight 110	Hair BLK	Eyes BRO
MNI #	SSN	Date of Birth 04/29/1996	Age 23	Place of Birth PERU FF PERU	Drivers License or other ID T620533966490	State FL	ID Type E		
Address * RESIDENCE / 7531 COURTYARD RUN E , BOCA RATON, FL 33433 /									

**Arrest**

Arrest Date/Time 2/7/2020 2:22:11 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description ROADWAY				
Street Number SR-80	Street EB PARKER AVE	Apt/Lot/Bldg	County PALM BEACH	City WEST PALM BEACH	State FL	Zip Code 33405

**Charge : S**

Counts 1	Charge 316.193.1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			

**Bond Set by Court**

Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

**Probable Cause**

On February 7, 2020 I was on routine patrol in my marked patrol car in Palm Beach County. I was traveling westbound on Southern Blvd west of I-95 (State Road 9.) I observed a red vehicle traveling eastbound on Southern Blvd. I observed that the vehicle was traveling, and sparks were coming from the right side of the vehicle. I observed that the tire of the front right side was completely gone and

Arrest Report

SPAW 8101

Page 1 of 5  
AM 7:37  
CLERK  
COUNTY, FL  
BRANCH

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traveling on the rim. I then positioned my patrol car behind the vehicle and observed that the vehicle continued traveling eastbound and sparks were still coming from the rim of the vehicle. I then activated m emergency lights and sirens to initiate a traffic stop on the vehicle. The vehicle finally came to a stop in a parking lot just east of Parker Ave. I then approached the vehicle and identified myself to the driver. The driver provided a FL DL, registration and proof of insurance. I observed that the driver had bloodshot glassy eyes, slurred speech and the odor of an unknown alcoholic beverage emitting from the driver's breath as she talked. I then requested that she exit the vehicle and walk towards my patrol car. As she stood in front of me, I observed that she had bloodshot glassy eyes, orbital sway and the odor of an unknown alcoholic beverage was emitting form her breath as she talked. I then requested that she conduct field sobriety exercises and she refused. Taylor warnings were read, and she stated that she understood. She then agreed to complete the exercises. The driver was later identified as Lina Torres by her FL DL.

#### Horizontal Gaze Nystagmus

Before beginning the exercises, I checked to see if Ms. Torres was wearing glasses or contact lenses. It was determined that Ms. Torres was not wearing glasses but was wearing contacts. I then checked her eyes and observed equal tracking and equal pupil size. She was instructed to place her feet together and place her hands down at her side. She then was instructed to keep her head still and follow the stimulus with her eyes and her eyes only. She was also instructed to keep looking at the stimulus until told not to. She verbally indicated that she understood. During the exercise I observed 6 of the 6 possible clues.

- Lack of smooth pursuit, left eye
- Lack of smooth pursuit, right eye
- A distinct and sustained nystagmus at maximum deviation in the left eye
- A distinct and sustained nystagmus at maximum deviation in the right eye
- An onset of nystagmus prior to 45 degrees in the left eye
- An onset of nystagmus prior to 45 degrees in the right eye

I observed vertical nystagmus. Angle of Onset 30°.

During the exercise Ms. Torres had to be told to stay in the proper position and not to move her head during the exercise. I also observed Ms. Torres to have orbital sway. I again observed the odor of an unknown alcoholic substance emitting from her breath.

#### Walk and Turn Exercise

The area was level and free of debris. Ms. Torres indicated that she observed the white line on the ground. Ms. Torres was instructed to put her left foot on the line, then place her right foot on the line ahead of the left foot in a heel to toe manner. I then demonstrated this position. She was instructed not to begin untold to do so. Ms. Torres verbally indicated that she has understood all instructions up to this

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point. Ms. Torres was then instructed to take 9 heel to toe steps on the line when told to do so. I then demonstrated this. Ms. Torres was then instructed to turn on the ninth step and to keep the front foot on the line and to take a series of small steps with the foot on the line. I then demonstrated this. Ms. Torres was also instructed to keep her arms at her sides and to watch her feet during the exercise. Ms. Torres was also instructed to count aloud and to not stop once she begins the exercise. She was also instructed to keep her arms at her sides at all times.

Ms. Torres began the exercise too soon and had to be told to wait and to get back into the starting position multiple times. She began the exercise and stepped off the line on multiple steps. Ms. Torres also did not count aloud and showed difficulty keeping balance. She used her arms for balance and raised them higher than 6 inches. While completing the turn Ms. Torres took both feet off the line and incorrectly completed the turn. She also did not touch heel to toe on all steps. Ms. Torres took 12 steps forward and 14 steps back.

#### One Leg Stand Exercise

Ms. Torres was instructed to stand with her feet together and to place her arms down at her side. Ms. Torres was instructed to maintain that position until told to do so. Once told to do so, she was instructed to raise one leg approximately 6 inches off the ground and to keep both legs straight with both arms at her side. She was also instructed to look at the elevated foot and count aloud in the manner of one thousand-one, one thousand-two and so on until told to stop. Ms. Torres verbally indicated that she understood the instructions after I demonstrated to her.

Ms. Torres was told to begin and raised her left foot. During the exercise Ms. Torres displayed an orbital sway and had to use her arms multiple times to keep from losing balance. She raised her arm approximately 6-7 inches away from her body. She also did not raise her foot six inches off the ground or keep both legs straight. She raised her foot approximately 2 inches. Ms. Torres placed her foot down during the exercise multiple times and stopped the exercise as well as hopped. She almost fell over while completing the exercise. She did not look down at her foot during the exercise and count aloud as instructed.

#### Finger To Nose

Ms. Torres was instructed stand with her feet together and arms at her side and to have her index fingers pointed out. She was instructed t not start and stay in that position until told to do so. She stated that she understood. I then demonstrated the position. Ms. Torres was then instructed to when told to start to close both eyes and tilt her head back. When told to do so she was instructed to bring the hand I directed upward, touching the tip of your finger to the tip of her nose. I then demonstrated this. She was then instructed to after touching the tip of the nose to immediately bring her hand down to her side. She stated that she understood. I then demonstrated and she stated that she understood. She was instructed to raise her hand in the following order, left, right, left, right, and right, left.

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-Left: Did not return immediately to side. Missed nose.  
- Right: Missed nose. Did not return immediately to side  
-Left: Missed nose. Did not return immediately to side  
-Right: Missed nose. Did not return immediately to side  
-Right: Missed nose. Did not return immediately to side  
-Left: Missed nose. Did not return immediately to side

While conducting the exercise I observed an orbital sway. She also did not tilt her head back and kept opening her eyes. She had to be told multiple times to get back into the proper position.

She was then placed under arrest for DUI and transported to the county jail. Once I arrived at the testing facility, I conducted a 20-minute observation. At no time did she regurgitate or take anything by mouth. I then requested that she provide a lawful sample of her breath and she agreed. She provided a sample of .157 and .158. She was then booked into the county jail.  
The above incident occurred in Palm Beach County.

**Jail Bookin Facility**

Booking Date/Time 0.0000	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone Number (561) 688-4400
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Booking Facility Location Booking Number

3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406

Booking Comments

**Court**


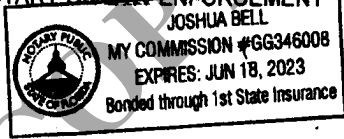
Court County PALM BEACH	Court Location 200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444		
Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Apperance Date / Time 03/02/2020 830AM	Court Fine
Comments			

Officer Name Rank / ID # Z. TODD TROOPER	4141	Involvement On Report / Reporting Role REPORTING OFFICER	Officer Agency Org/Unit FLORIDA HIGHWAY PATROL FHPLLWRCIPALM BEACHSR804 JSOF SR702
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

**Reporting Officer**

Officer Name Z. TODD	Office Rank TROOPER	Officer ID No 4141	Sworn and subscribed before me, the undersigned authority This the <u>7</u> day of <u>February</u> , <u>2020</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature			

NOT A CERTIFIED COPY

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: 80-006239 Software: 8100.27  
Date of Test: 02/07/2020

Date of Last Agency Inspection: 01/17/2020  
Observation Period Began: 03:04  
Subject's Name: LINA MARIA TORRES  
DOB: 04/29/1996 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	03:32
	Air Blank	0.000	03:32
	Control Test	0.080	03:32
	Air Blank	0.000	03:33
	Subject Sample #1	0.157	03:34
	Air Blank	0.000	03:35
	Air Blank	0.000	03:36
	Subject Sample #2	0.158	03:38
	Air Blank	0.000	03:39
	Control Test	0.079	03:39
	Air Blank	0.000	03:39
	Diagnostics Check	OK	03:40

Cylinder Lot: 17919080A1  
Exp: 08/05/2021

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

Breath Test Operator: [Signature] Date: 02/07/20  
Signature

Sworn to (or affirmed) before me this 07 day of February, 2020

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.



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

PBSO CASE # 20-035190 PBSO ZONE 1-11

AGENCY CASE # FHP200FF008137 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0205 DATE 2/7/20 DAY FRI

SUBJECT'S NAME LINA TORRES RACE W SEX F

HGT 5'03 WGT 110 DOB 04/29/96

LOCATION EB Southern Blvd / Parker Ave

ARRESTING OFFICER'S NAME & ID TPR TODD 4141 AGENCY FHP2

DIVISION: DUI NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0304

BREATH RESULTS: Arrest Time 0222

- 1. .157
- 2. .158
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 8656

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY FHP-L

SUBJECT TORRES, LINA M

CASE NUMBER 20-035190

DATE 02/07/20

VIDEO TAPE NUMBER

N/A

BEGINNING TIME 0329

ENDING TIME 0341

BREATH TESTS RESULTS	1	2	3	4
	<u>.157</u>	<u>158</u>	<u>N/A</u>	<u>N/A</u>
	<u>TIME 0334</u>	<u>TIME 0338</u>	<u>TIME XX</u>	<u>TIME XX</u>
	<u>A.M./P.M.</u>	<u>A.M./P.M.</u>	<u>A.M./P.M.</u>	<u>A.M./P.M.</u>

BREATH OPERATOR J. BELL #8656

MAINTENANCE TECHNICIAN J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH ACCENT, SLURRED

ATTITUDE QUIET, COOPERATIVE, EMOTIONAL, CRYING

CLOTHING BLACK POLO SHIRT BLACK PANTS, BLACK SNEAKERS

MEDICAL CONDITIONS NONE

MEDICATIONS NONE

OTHER EYES: BLOODSHOT, WATERY

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0304 HRS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

Q AND A WAS NOT CONDUCTED

SUBJECT: Torres, Lina M

CASE NUMBER: FHPL200FF008137

## 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: TPR. Todd #4141

SUBJECT: Torres, Lina M

CASE NUMBER: FAPL200FF008137

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

Read on camera



# 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)(l)	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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020004243	Date: 02/08/2020
	Specialist Name/ID: AM/31562