

21CT3995 MB

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 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21-044495</b>	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No <b>NONE</b>		Multiple Clearance Indicator <b>01</b>
Location of Arrest (Including Name of Business) <b>Okeechobee Blvd and West Dr West Palm Beach</b>			Location of Offense (Business Name, Address) <b>Okeechobee Blvd and West Dr West Palm</b>			
Date of Arrest <b>03/13/2021</b>	Time of Arrest <b>00:24</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>All Time Towing</b>

Name (Last, First, Middle) <b>Diloreto Linda Mary</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/16/1948</b>	Height <b>5'08</b>	Weight <b>130</b>	Eye Color <b>Bru</b>	Hair Color <b>Blonde</b>	Complexion <b>Light</b>	Build <b>Small</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>			Marital Status <b>Widowed</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>201 Wellington E</b>		(City) <b>West Palm Beach FL</b>	(State) <b>FL</b>	(Zip) <b>33417</b>	Phone <b>(561) 616-6443</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source <b>Florida Drivers License</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation <b>Retired</b>	
DL Number, State <b>D463-533-48-756-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Ipstich, Mass</b>	Citizenship <b>YES</b>	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>	Address (Street, Apt. Number)					(City) (State) (Zip)	Residence 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  defendant and / or  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.

Yes, by: (Name)  No: (Reason)

Property Crime?  Yes  No

Description of Property

Value of Property

School Attended

Grade

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</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>.043/.043</b>	Offense # <b>21-044495</b>	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court Room Number, Address)  
**CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406**

Court Date and Time  
Month **April** Day **8th** Year **2021** Time **8:30** AM  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

Signature of Defendant (or Juvenile and Parent/Custodian) *[Signature]* Date Signed **03/13/2021**

HOLD for other Agency Name:	Signature of Arresting Officer <i>[Signature]</i>	Name Verification (Printed by Arrestee) <b>03-13-2021</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>Cpl. M. SMITH</b> I.D. # <b>9621</b>	(PRINT)
Police Deputy <i>[Signature]</i> I.D. # Pouch #	Transporting Officer <b>Smith</b> ID # <b>9621</b> Agency <b>PBSO</b>	Witness here if subject signed with an "X"
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)		PAGE <b>1</b> OF <b>1</b>

J# 0524982

P#2602

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF March, 20 21, AT 0005 AM  PM  
SUBJECT: Diloreto Linda Mary CASE NUMBER: 21-044495

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. M. SMITH

## PERSONAL CONTACT

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

On 03/13/2021 at approximately 00:05hrs, While conducting traffic enforcement in the area of Okeechobee Blvd and Breezy Lane, which is located unincorporated Palm Beach County, Florida. I conducted a traffic stop on a white Hyundai bearing FL TAG #JDUQ97 for going 66mph in a 45mph. Upon making contact with the driver she showed several indicators of impairment. At that time I informed the driver that I was beginning a DUI investigation.

## OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida Driver License as Linda Mary Diloreto, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Diloreto. Diloreto had glassy, glazed, and blood shot eyes. Diloreto's speech was slurred, slow, and at times difficult to understand. Diloreto's movements were slow and deliberate. Diloreto was lethargic in her movements with poor coordination. Diloreto was wearing a black t-shirt, pink and black leggings, and black shoes.

## DRIVER'S STATEMENTS:

Diloreto stated that she was out with friends and had a couple of drinks while dancing.

## ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area

## GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: Calm, Cooperative

CLOTHING: black t-shirt, pink and black leggings, and black shoes

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA  
COUNTY OF PALM BEACH

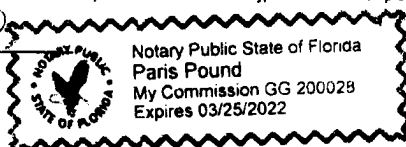
Cpl. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of March, 2021 by Cpl. M. SMITH

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

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



SUBJECT Diloreto

Linda

CASE NUMBER 21-044495

**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:**

Diloreto would sway roughly in a side to side front to back pattern throughout the task. Diloreto did positively identify the point to be tracked. Diloreto was reminded numerous times to track the pen with her eyes only.

**WALK & TURN:**

I explained and demonstrated the instructions for the "Walk & Turn" to Diloreto who stated that she understood. During the task, I observed Diloreto to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Diloreto could not maintain her balance while listening to instructions. Diloreto stepped out of the instructional stance during the demonstration to catch her balance. Diloreto missed heel-to-toe steps and stepped off the line. Diloreto used her arms for balance by raising them more than six inches. Diloreto performed an improper turn . She lost her balance while turning other than which was demonstrated. Additionally, Diloreto performed the incorrect number of steps.

**ONE LEG STAND:**

I explained and demonstrated the instructions for the "One Leg Stand" to Diloreto who stated that she understood. During the task, I observed Diloreto to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Diloreto continued to sway while balancing on one leg. Diloreto used her arms to balance raising them more than 6 inches from her sides. Diloreto started hopping in an attempt to maintain balance. Diloreto put her foot down to regain balance numerous times before the 30 seconds had elapsed.

**FINGER TO NOSE:**

I explained and demonstrated the instructions for the "Finger to Nose" task to Diloreto who stated that she understood. During the task, I observed Diloreto to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Diloreto's index finger did not touch the nose on 6 of 6 attempts. The sequence used for this task was L, R, L, R, R, L

**ROMBERG ALPHABET:**

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Diloreto who stated that she understood. During the task, I observed Diloreto to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Diloreto would sway more than 2 inches. Diloreto correctly recited the alphabet.

**BREATH TEST RESULTS:**      .043                      .042

STATE OF FLORIDA  
COUNTY OF PALM BEACH

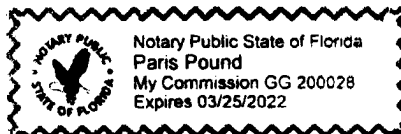
**Cpl. M. SMITH**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of March 2021 by Cpl. M. SMITH

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

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



SUBJECT: DILORETO, LINDA M CASE NUMBER: 21-044495

**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



# WITNESS LIST

CASE NUMBER: 21-044495

ARRESTING OFFICER: Cpl. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

### TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

### COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:41 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: ASKED FOR URINE AT 01:13 HRS

SUBJECT: STATED SHE WOULD PROVIDE A URINE SAMPLE

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD PROVIDE A URINE SAMPLE AT 01:14 HRS

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SUBJECT: PROVIDED A URINE SAMPLE AT 01:25 HRS

NO DRE CONDUCTED

**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: 80-006029 Software: 8100.27  
Date of Test: 03/13/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 00:41

Subject's Name: LINDA M DILORETO

DOB: 07/16/1948 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	01:06
Air Blank	0.000	01:06
Control Test	0.079	01:06
Air Blank	0.000	01:07
Subject Sample #1	0.043	01:07
Air Blank	0.000	01:08
Air Blank	0.000	01:10
Subject Sample #2	0.042	01:10
Air Blank	0.000	01:11
Control Test	0.078	01:11
Air Blank	0.000	01:12
Diagnostics Check	OK	01:12

Results:

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 PARIS D POUND, 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: 03/13/21

Sworn to (or affirmed) before me this 13<sup>th</sup> day of MARCH, 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.



**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"/>	(vii) 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: 2021006184	Date: 3/13/21
	Specialist Name/ID: A. Pinkney/7796