

21CT 7451AMB

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 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>06-21062473</b>	
Charge Type: Check as many as apply: <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		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No N/A		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) <b>LAKE WORTH RD/ SWAIN BLVD LAKE WORTH FL, 33463</b>		Location of Offense (Business Name, Address) <b>LAKE WORTH RD/ SWAIN BLVD, GREENACRES FL, 33463</b>			
Date of Arrest <b>05/05/2021</b>	Time of Arrest <b>1913</b>	Booking Date	Booking Time	Jail Date	Jail Time
Location of Vehicle <b>PRIORITY TOWING</b>					
Name (Last, First, Middle) <b>GUERRA, MALLORY, DENISE</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>4/29/1997</b>	Height <b>4'09</b>	Weight <b>145</b>	Eye Color <b>BROWN</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Complexion <b>MEDIUM</b>	Build <b>MEDIUM</b>
Local Address (Street, Apt. Number) <b>4450 MINERVA DR, LAKE WORTH FL, 33463</b>		Phone ( )	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		
Permanent Address (Street, Apt. Number)		Phone ( )	Address Source <b>FL DL</b>		
Business Address (Name, Street)		Phone ( )	Occupation <b>SERVER</b>		
D/L Number, State <b>G600544976490, FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>FORT LAUDERDALE, FL</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 Other:		Name (Last)	(First)	(Middle)	Residence Phone ( )
Address (Street, Apt. Number)		(City)	(State)	(Zip)	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
Charge Description <b>DUI</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>N/A</b>	Offense # <b>21062473</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>PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>					
Court Date and Time <b>MAY JUNE</b> Year <b>2021</b> Time: <b>0630</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. <b>05/05/2021</b>					
Signature of Defendant (or Juvenile and Parent/Custodian) <b>05/05/2021</b>					
HOLD For other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Subj. to Arrest		Name of Arresting Officer (Print) <b>INV. A. TEJEDA</b>		(PRINT)	
Initials <b>INV. A. TEJEDA</b>		ID # <b>31814</b>		PAGE <b>1</b> OF <b>1</b>	
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY	
PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)			

SCANNED

0523117

MAY 06 2021

2311

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-062473</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 type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:				
DEF	Name (Last, First, Middle) <b>Guerra, Mallory, Denise</b>				Alias		Race <b>H</b>	Sex <b>F</b>	Date of Birth <b>4/29/1997</b>		
	Charge Description				Charge Description						
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) <b>State of Florida, ,</b>				Race		Sex	Date of Birth			
	Local Address (Street, Apt. Number) , (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.  The Person taken into custody  <input 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.  <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>05</u> day of <u>May</u> 20<u>21</u> at <u>7:00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 05/05/2021 at approximately 1836 hours, I responded as a backup unit to 4041 Roberts W, in unincorporated Lake Worth, Palm Beach County, FL, in reference to a traffic stop.</b></p> <p><b>Upon arrival, I met with Lt. Duros ID #9464, who told me the driver was possibly intoxicated by unknown alcoholic beverages and was waiting for the driver to present her driver's license. I then asked the driver multiple times for her driver's license, and she gave me her bank debit card. I asked again for the driver's license, and she gave me her car insurance card. The driver then tried to give money, saying, "it was her payment for her insurance. The driver then gave me an unknown invoice document and a pay stub. The driver then told me she did not have her driver's license.</b></p> <p><b>This is a supplement to the primary offense report and a description of my involvement in this case.</b></p>											
NOT A CERTIFIED COPY											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  #33089 D/S Fundora (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>05</u> day of <u>May</u> 20 <u>21</u> by <u>D/S Fundora</u> (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced <u>LEO</u>										
	<u>M. A. Terca</u> 31814 <u>[Signature]</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
	PAGE 1 OF 1										

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N		
ADMIN	Agency ORI Number	FLO 500000		Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number	06- 21-062473				
	Charge Type: Check as many as apply.	<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		Special Notes:				
DEF	Name (Last, First, Middle)	GUERRA, MALLORY				Alias		Race W	Sex F	Date of Birth 04/29/1997		
CHARGES	Charge Description	DUI 316.193 (1)				Charge Description						
	Charge Description					Charge Description						
VICTIM	Victim's Name (Last, First, Middle)	STATE OF FLORIDA					Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source						
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation						
	205 N DIXIE HIGHWAY, WEST PALM BEACH, FL 33415											
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. The Person taken into custody <input checked="" type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>LT DUROS</b> who told <b>D/S TEJEDA</b> <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <b>5TH</b> day of <b>MAY</b> 20 <b>21</b> at <b>632</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)												
<p><b>While traveling west on Lake Worth Road, Palm Beach County, Lake Worth, Florida, I was flagged down by a motorist. The motorist stated that a female driving a silver Toyota Corolla bearing Florida tag GMTU32 bumped the rear of his vehicle. The motorist did not wish to make a crash report leaving the area.</b></p> <p><b>I observed the described vehicle in the number 1 lane stopped on Lake Worth Road just east of Congress Ave. I began following behind the vehicle observing it drift from the number 1 lane into the number two lane after passing Congress Ave. I continued following behind the vehicle observing a single female occupant driving the vehicle not wearing a seatbelt. I also observed the female subject using a cellphone while driving west bound approaching S. Military Trail.</b></p> <p><b>I conducted a traffic stop for violation of Florida State Statute 316.614(4)(b), seat belt and 316.089(1) failure to maintain a single lane. The vehicle slowing turned from Swain and Lake Worth Road pulling into 4041 Lake Worth Road.</b></p> <p><b>I made contact with the female driver still observing her not wearing a seatbelt, I smelled an odor of an unknown alcoholic beverage emitting from her breath, and I requested her driver's license. The driver was unable to provide me with the requested documents. I requested a DUI unit respond to my location and Deputy Tejeda responded to continue the investigation. I met with Deputy Tejeda informing him of my findings.</b></p>												
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>DUROS</b> (Signature of Arresting/Investigative Officer)											
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>5TH</b> day of <b>MAY</b> 20 <b>21</b> by <b>DUROS</b>											
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>INV A Tejeda 31814</b>											
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)												
PAGE <b>1</b> OF <b>1</b>												

ON THE 5TH DAY OF MAY 20 21, AT 1832 AM ☒ PM  
SUBJECT: GUERRA, MALLORY, DENISE CASE NUMBER: 21062473

## PERSONAL CONTACT.

BEVERLY SUE OWEN  
MY COMMISSION # GG 188278  
EXPIRES: May 30, 2022  
Bonded Thru Notary Public Underwriters

SUBJECT: GUERRA, MALLORY, DENISE CASE NUMBER 21062473

### 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 failed to maintain the instructional stance, stepping off to the side. She also swayed from side to side. She failed to follow the blue stimulus with her eyes only. She continued moving her head numerous times and I advised her to hold her head straight to assist her with following the stimulus with her eyes only.

#### WALK & TURN:

I explained and demonstrated the instructions for the Walk & Turn to the defendant who stated she understood. She had no questions for me at the time. She failed to maintain the instructional stance, by stepping off of the line. She took the incorrect number of steps down the line, taking 17 steps, passing the end of the yellow tape. She improperly turned around. She did not count each step out loud or walk heel to toe as instructed. She took the incorrect number of steps back, taking 15 steps, passing the end of the yellow tape.

#### ONE LEG STAND:

I explained and demonstrated the instructions for the one leg stand to the defendant who stated she understood. She had no questions for me at the time. She raised her right leg and did not raise approximately 6 inches as instructed. She did not count out loud as instructed by counting, from 1 through 12, and then 1 through 4. The defendant also put her foot down two times prior to 30 seconds elapsing. The defendant also swayed from side to side.

#### FINGER TO NOSE:

I explained and demonstrated the instructions for the finger to nose to the defendant who stated she understood. She had no questions for me at the time. She failed to keep her eyes closed throughout the task. She used the pad of her finger each attempt. She failed to touch the tip of her nose on each attempt. She failed to return her arms down to her side as instructed and was reminded after each attempt.

#### RHOMBERG ALPHABET:

I explained and demonstrated the instructions for the rhomberg alphabet to the defendant who stated she understood. During the task, I observed the defendant sway from side to side. She incorrectly recited the alphabet.

BREATH TEST RESULTS: 

1) Refused	2) Refused	3)	4)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

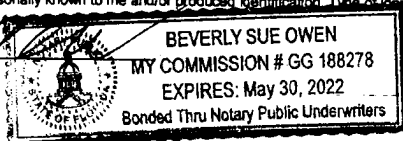
INV. A. TEJEDA

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of May 20 21 by INV. A. TEJEDA

(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)



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

I, **Investigator LE ANTHONY TEJEDA**, a duly certified Law Enforcement Officer, or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of **Palm Beach County Sheriffs Office**

(Name of enforcement agency), and I do swear  
or affirm that on or about the **FIFTH** day of **May**, **2021**, at **7:13 PM**

DRIVER **MALLORY DENISE GUERRA**  
(Type or Print) **FIRST MIDDLE OR MAIDEN LAST**

DL # **G600544976490**, state of **FL**, was placed under lawful arrest for  
the offense of **DUI** by **Investigator LE ANTHONY TEJEDA** and  
(Name of Arresting Officer)  
issued Citation # **AEA7GAE**

That on or about the **FIFTH** day of **May**, **2021**, at **8:10 PM**  
in **Palm Beach** County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or  
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this **5th** day of **May**, **2021**  
by **D/S Tejeda**  
who is personally known to me or who has produced

Signature of Attesting Officer

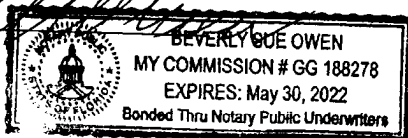
Title

Date

as identification.

Notary Public

HSMV-BAR1001 (REV. 10/2016)



Note: Mail or hand deliver to the designated  
Bureau of Administrative Reviews office,  
Department of Highway Safety and Motor  
Vehicles, with the driver's license, the  
appropriate copy of the UTC and the  
probable cause affidavit.



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

PBSO CASE # 21062473

PBSO ZONE 16-21

AGENCY CASE # \_\_\_\_\_

CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 1832

DATE 05/05/2021

DAY Wednesday

SUBJECT'S NAME GUERRA, MALLORY, DENISE

RACE W

SEX F

HGT 4'09

WGT 145

DOB 4/29/1997

LOCATION LAKE WORTH RD/ SWAIN BLVD LAKE WORTH FL, 33463

ARRESTING OFFICER'S NAME & ID INV. A. TEJEDA (31814)

AGENCY PALM BEACH COUNTY SHERIFF'S OFFICE

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 1945

ARREST TIME 1913

BREATH TEST RESULTS

1) <b>REFUSED</b>
2) _____
3) _____
4) _____

TESTING OFFICER'S ID. 3184

PBSO VIDEOTAPE # N/A

## WITNESS LIST

CASE NUMBER: 21062473

ARRESTING OFFICER: INV. A. TEJEDA

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3400

CAN TESTIFY TO: FACTS OF CASE AND DUI INVESTIGATION

NAME: LT DUROS #9464

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 51 688 3400

CAN TESTIFY TO: PLACING THE DEFENDANT BEHIND THE WHEEL AND DRIVERS ACTIONS ON TRAFFIC STOP

NAME: D/S D. FUNDORA #37089

ADDRESS 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3400

CAN TESTIFY TO: DEFENDANTS ACTIONS ON SCENE OF THE TRAFFIC STOP

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: GUERRA, MALLORY DENISE

CASE NUMBER: 21062473

DATE: May 5, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2008

ENDING TIME: 2011

BREATH TESTS RESULTS: 1) Refused TIME 2010 A.M. ☐ P.M. ☒ 2) TIME A.M. ☐ P.M. ☐  
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: ENGLISH

ATTITUDE: CO-OPERATIVE, FRIENDLY

CLOTHING: SANDALS, JEAN SHORTS, ORANGE SHIRT

MEDICAL CONDITIONS: RIGHT KNEE HURT 1 1/2 WEEKS AGO

MEDICATIONS: NONE

OTHER:

## COMMENTS:

DEFENDANT AND D/S TEJEDA #31814 ARRIVED AT 1945 HOURS. A/O OBSERVED 20 MINUTES.

A/O REQUESTED BREATH TEST, DEFENDANT REFUSED. A/O READ I/C, DEFENDANT UNDERSTOOD, STILL REFUSED. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS AND REFUSED Q & A.

SUBJECT: Guerra, Mallorey Denise CASE NUMBER: 21062473

## 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 D/S Tejada of the PBSO

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on Camera

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Guerra, Mallory Denise CASE NUMBER: 21062473

## 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: \_\_\_\_\_

PBSO #0129C REV. 9/93      WHITE - STATE ATTY.      YELLOW - DHSMV      PINK - CENTRAL RECORDS      GOLD - JAIL



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

**REVIEW COMPLETED BY**

Booking Number: 2021010909

Date: 5/6/21

Specialist Name/ID: A. Pinkney/7796