

0513798

20 CT266 MB 3552

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

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>06-20022546</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 1. Yes 2. No					
Location of Arrest (Including Name of Business) <b>2100 BLK GREENVIEW SHORES BLVD, WELLINGTON, FL 33414</b>		Location of Offense (Business Name, Address) <b>2100 BLK GREENVIEW SHORES BLVD, WELLINGTON FL 33414</b>									
Date of Arrest <b>01/05/2020</b>	Time of Arrest <b>0315</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Priority Towing Lot</b>					
Name (Last, First, Middle) <b>BELLO MICHELLE Dorris</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>10/12/1978</b>	Height <b>5'4</b>	Weight <b>130</b>	Eye Color <b>brn</b>	Hair Color <b>brn</b>	Complexion <b>light</b>				
Build <b>small</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>tattoo, right arm</b>		Marital Status <b>Single</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <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>16622 norris rd</b>		(City) <b>wellington, fl</b>	(State) <b>33414</b>	(Zip)	Phone <b>(561) 3518559</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>					
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>counselor</b>					
D/L Number, State <b>B400544788720</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>tom river, nj</b>	Citizenship <b>USA</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						
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		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	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>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #					
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20022546</b>	Warrant / Capias Number		Bond <b>OR</b>					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity <b>N</b>	Drug Type <b>N</b>	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 <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>1</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 <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court Room Number, Address) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>											
Court Date and Time Month <b>January</b> Day <b>30</b> Year <b>2020</b> Time <b>0830</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											
Signature of Defendant (or Juvenile and Parent /Custodian) <i>M. Bello</i>						Date Signed <b>01/05/2020</b>					
HOLD for other Agency Name:		Signature of Arresting Officer <i>M. Kysor</i>				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S M. KYSOR</b>				(PRINT)					
Intake Deputy <i>[Signature]</i>		Pouch #		Transporting Officer ID # <b>D/S M. KYSOR 14498</b>		Agency <b>PBSO</b>		PAGE <b>1 OF 1</b>			
Witness here if subject signed with an -X" <b>1</b>											

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

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>20-022546</b>	
Charge Type Check as many as apply		Special Notes						
<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								
Defendant Name (Last, First, Middle) <b>Bellow Michelle</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/12/1978</b>		
Charge <b>Driving Under the Influence</b>				Charge				
Charge				Charge				
Victim 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 (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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 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 (described) investigation.						
On the <b>5th</b> day of <b>January</b> 20 <b>20</b> at <b>0241</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On Sunday January 5th 2020 I was on routine patrol at the intersection of Greenview Shores and Wellington Trace, Wellington FL 33414, when I observed the green traffic signal on Greenview Shores Blvd cycle from green to yellow to red. After the light had cycled to a steady red indication I observed a black Jeep Cherokee bearing Florida Tag "ISWJ45" run the red light. I activated my in car camera and immediately got behind the Black Jeep. While behind the Jeep I observed the Jeep swerve out of its lane, to the right of the roadway crossing the solid white line several times. I initiated a traffic stop on the vehicle, which I maintained constant visual of and made contact with a white female driver who was also the sole occupant. The driver was identified by her Florida Driver License as Michelle Bellow (10/12/1978). Upon communicating with Bellow I advised Bellow that she was being pulled over for failing to stop at a red light. Bellow then slowly looked over at me with a blank stare and after a few seconds said "I did"? I observed her movements to be slow, her eyes to be glassy and bloodshot and detected the odor of an unknown alcoholic beverage coming from on or about her person that would intensify when she spoke. I requested that D/S M. Kysor respond for the purposes of administering standard roadside field sobriety tasks. See D/S M. Kysor's report for further fact finding information.

The foregoing instrument was sworn to and affirmed before me this <u>5th</u> day of <u>January</u> 20 <u>20</u> , by:	
<u>D/S W. Amadon ID#9440</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S L. Labate 31275</u> Name of Arresting/Investigating Officer
<u>[Signature] #9440</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile N

ADMIN	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 20022546</b>	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>BELLO, MICHELLE, Dorris</b>		Alias	
CHARGES	1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Race w	
	2. Traffic Felony <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		6. Other <input type="checkbox"/>		Sex F	
DEF	Date of Birth <b>10/12/1978</b>		Charge Description <b>DUI</b>		Charge Description <b>316.193(1)</b>		Charge Description	
	Victim's Name (Last, First, Middle) ,,		Race		Sex		Date of Birth	
VICTIM	Local Address (Street, Apt. Number) (City) (State) (zip) Phone ( )		Address Source <b>FL DL</b>		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</p> <p><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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>5</b> day of <b>December</b> 20<b>19</b> at <b>0245</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 1/5/20 at approximately 0300 hrs, I responded to the 2100 block greenview shores blvd for D/S Labate's traffic stop, in reference to a possible DUI. Upon arrival, I observed a Black Jeep Cherokee bearing fl tag ISWJ45 stopped in the outside lane facing southbound. I met with D/S Labate, whom informed me of the stop, see supplemental PC for further information.</b></p> <p><b>I then made contact with the sole occupant and driver later identified by FLDL as Michelle Bello(DOB 10/12/78). As I was speaking with Michelle, she stated she was coming from a nearby bar where she had approximately three BUD LIGHT without eating. As Michelle continued to speak, I detected the odor of an unknown alcoholic beverage emitting from the interior of the vehicle and continued to grow stronger as she spoke. Michelle also exhibited blood shot, glassy eyes and replied to me in a slow, slurred speech that was difficult to understand at times. Michelle's phone kept ringing in the vehicle, and she continued to reach for the phone to turn it off in slow lethargic movements. Due to D/S Labate's observations and my personal observations of Michelle, I believed she may be under the influence of alcohol and or narcotic. I asked Michelle to perform roadside exercises, from which she agreed.</b></p> <p><b>Michelle was placed in the Instructional stance for HGN. Michelle was given and demonstrated instructions. Michelle confirmed she understood the instructions. See supp PC for further information.</b></p> <p><b>Michelle was placed in the Instructional stance for Walk and Turn. Michelle was given and demonstrated instructions. Michelle confirmed she understood the instructions. See supp PC for further information.</b></p> <p><b>Michelle was placed in the Instructional stance for One Leg Stand Michelle was given and demonstrated instructions. Michelle confirmed she understood the instructions. See supp PC for further information.</b></p> <p><b>Michelle was placed in the Instructional stance for Finger to Nose. Michelle was given and demonstrated instructions. Michelle confirmed she understood the instructions. See supp PC for further information.</b></p> <p><b>Michelle was placed in the Instructional stance for Romberg Alphabet. Michelle was given and demonstrated instructions. Michelle confirmed she understood the instructions. See supp PC for further information.</b></p> <p><b>Due to the above investigation, probable cause exists for Michelle for DUI pursuant to FSS 316.193(1). Michelle was placed in handcuffs, double locked, checked for tightness and placed in the rear passenger compartment of my marked PBSO vehicle and transported to PBC BAT center without incident. While at the BAT center, Michelle was placed under twenty minute observation, where she did not take anything by mouth or regurgitate. Michelle was then asked to provide a breath sample, from which she agreed. The first breath sample resulted in a .133 BAC and the second sample was .131 BAC. Michelle was then turned over to corrections staff for booking. Michelle's vehicle was contractually towed from the scene by Priority Towing.</b></p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S M. KYSOR		(Signature of Arresting/Investigative Officer)			
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>5</b> day of <b>January</b> 20 <b>20</b> by <b>D/S M. KYSOR</b>		(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: <b>Known</b>		Notary Public - State of Florida		PAGE <b>1</b> OF <b>1</b>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF December 20 19, AT 0245  AM  PM

SUBJECT: BELLO MICHELLE Dorris CASE NUMBER: 20022546

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S M. KYSOR

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
Observed by D/S Labate(ID# 31275)

### OBSERVATION OF DRIVER:

Upon arriving on scene, I observed the driver later identified by FL DL as Michelle Bello (DOB 10/12/78) sitting behind the wheel and was the sole occupant of the vehicle. Michelle was slumped down in her seat and appeared dazed. Michelle had blood shot, glassy eyes and had exhibited slowed delayed movements while looking for items in her vehicle.

### DRIVER'S STATEMENTS:

While speaking with Michelle, she exhibited a slowed response to all my questions and spoke with a slurred speech. When asked where she was coming from, Micheel stated she just left a nearby bar and was headed home. Michelle further stated while at the bar for a few hours, she had three bud light beers and did not consume any food during that time. I detected an odor of an unknown alcoholic beverage emitting from the interior of the vehicle that grew stronger as she spoke.

### ODORS:

Odor of an Unk Alcoholic beverage coming from her person that grew stronger as she spoke.

## GENERAL OBSERVATIONS

SPEECH: Slurred speech, spoke with a thick tongue, difficult to understand

ATTITUDE: cooperative, slowed response

CLOTHING: black shirt, black pants and black shoes

MEDICAL/OTHER: Michelle advised he did not have any medical conditions, only had an old neck injury, and did not have diabetes.  
ALL ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA  
COUNTY OF PALM BEACH

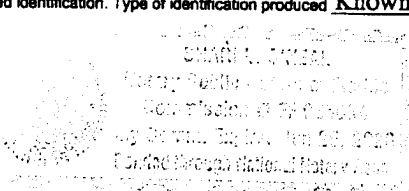
D/S M. KYSOR

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of January 2020 by D/S M. KYSOR

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

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



**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:**

Michelle had blood shot, glassy eyes and had difficulty keeping her head still and following the stimulus requiring me to remind her to follow the stimulus and to not move her head. Michelle exhibited an orbital sway while performing the HGN exercise.

**WALK & TURN:**

I positioned Michelle on a painted white line utilizing a lane divider, which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle and nearby street lighting. I instructed Michelle into the instructional stance for the walk and turn and advised her to stay in that position until told otherwise. I gave Michelle instructions for the Walk and Turn and demonstrated the exercise. Michelle stated she understood the exercise.

Michelle started too soon, missed heel to toe every step, stepped off the line several times, and turned contrary to my instructions and demonstration. After Michelle performed the exercise, I asked if she understood the instructions from which she agreed.

**ONE LEG STAND:**

I placed Michelle in the instructional stance for the One Leg Stand. I advised her to stay in the instructional stance until told otherwise. I gave Michelle instructions and demonstrated the exercise. Michelle stated she understood the instructions.

Michelle raised her foot higher than 6 inches, placed her foot down prior to thirty seconds numerous times, leaned backwards for balance and lost her balance several times stumbling rearwards. Michelle stopped and looked at me after she stumbled requiring me to tell her to continue.

**FINGER TO NOSE:**

I placed Michelle in the instructional stance for the Finger to Nose. I advised her to stay in the instructional stance until told otherwise. I gave Michelle instructions and demonstrated the exercise. Michelle stated she understood the instructions.

Michelle missed finger to nose several times, touching above, below, and to the left of her nose.

**ROMBERG ALPHABET:**

I placed Michelle in the instructional stance for the Romberg Alphabet. I advised her to stay in the instructional stance until told otherwise. I gave Michelle instructions and demonstrated the exercise. Michelle stated she understood the instructions.

Michelle recited the alphabet correctly, however recited it in the traditional rhythmic pattern. When asked if she knew she sung the song, she stated she didn't.

**BREATH TEST RESULTS:**      .133                      .131

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S M. KYSOR**  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of January 2020 by D/S M. KYSOR

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

[Signature]

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: 01/05/2020

Date of Last Agency Inspection: 12/06/2019

Observation Period Began: 04:20

Subject's Name: MICHELLE DORIS BELLO

DOB: 10/12/1978 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	04:50
	Air Blank	0.000	04:50
	Control Test	0.081	04:50
	Air Blank	0.000	04:51
	Subject Sample #1	0.133	04:51
	Air Blank	0.000	04:52
	Air Blank	0.000	04:54
	Subject Sample #2	0.131	04:54
	Air Blank	0.000	04:55
	Control Test	0.081	04:55
	Air Blank	0.000	04:56
	Diagnostics Check	OK	04:56

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 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: 01/05/20

Sworn to (or affirmed) before me this 05 day of January, 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 # 20022546 PBSO ZONE 18-11

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

TIME OF STOP/CRASH 0245 DATE 01/05/2020 DAY \_\_\_\_\_

SUBJECT'S NAME BELLO MICHELLE Dorris RACE W SEX F  
LAST FIRST MID

HGT 5'4 WGT 130 DOB 10/12/1978

LOCATION 2100 BLK GREENVIEW SHORES BLVD, WELLINGTON, FL 33414

ARRESTING OFFICER'S NAME & ID D/S M. KYSOR 14498 AGENCY Palm Beach County Sheriff's Office

DIVISION: RP

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0420hrs

ARREST TIME 0315

BREATH RESULTS:

- .133
- .131

NOT A CERTIFIED COPY

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /



SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

- ✓ EPILEPSY? \_\_\_\_\_
- GLASS EYE? \_\_\_\_\_
- FALSE TEETH? \_\_\_\_\_
- EAR INFECTION? \_\_\_\_\_
- INNER EAR TROUBLE? \_\_\_\_\_
- DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

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

# WITNESS LIST

CASE NUMBER: 20022546

ARRESTING OFFICER: D/S M. KYSOR

ADDRESS: ROAD PATROL

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

CAN TESTIFY TO: DUI Investigation

NAME: D/S Labate

ADDRESS: ROAD PATROL

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

CAN TESTIFY TO: Driving Pattern

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

NOT A CERTIFIED COPY



# PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

## Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020000420	Date: 01/06/2020
	Specialist Name/ID: AM/31562