

2097551

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20080123		Multiple Clearance Indicator 01			
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No					
Location of Arrest (Including Name of Business) 5070 SEMINOLE PRATT WHITNEY RD, LOXAHATCHEE, FL 33470				Location of Offense (Business Name, Address) 5070 SEMINOLE PRATT WHITNEY RD LOXAHATCHEE, FL 33470							
Date of Arrest 06/21/2020		Time of Arrest 0300		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) rhenas michelle		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F	Date of Birth 10/10/1996		Height 5'4	Weight 150	Eye Color Blu	Hair Color BRN	Complexion LIGHT	Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO, RIGHT ARM						Marital Status Single		Religion CHRITIAN		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 5552 ARBOR CLUB WAY				(City) BOCA RATON, FL 33433		(State) FL		(Zip) 33433		Phone (780) 546-9215	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone	
D/L Number, State R542540968700		Soc. Sec. Number		INS Number		Place of Birth (City, State) HIALEAH, FL		Citizenship USA			
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			
<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 355-2528) 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. Synthetic	U. Unknown Z. Other	
Charge Description D.U.I.		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1) A		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20080123	Warrant / Capias Number		Bond					
Charge Description Refusal to Submit		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.1939(1)		Violation of ORD #					
Drug Activity n	Drug Type n	Amount / Unit	Offense # 20080123	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) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406											
Court Date and Time Month JULY Day 23 Year 2020 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
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>[Signature]</i>								Date Signed 06/21/2020			
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <i>[Signature]</i>		(PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Witness Officer (Print) D/S M. KYSOR		I.D. # 14498						PAGE 1 OF 1	
Intake Deputy <i>[Signature]</i>		I.D. # 9101	Pouch #	Transporting Officer D/S M. KYSOR		ID # 14498	Agency PBSO	Witness here if subject signed with an -X"			

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number Agency ORI Number Agency Name Agency Report Number Charge Type: Check as many as apply.

Name (Last, First, Middle) Alias Race Sex Date of Birth Charge Description D.U.I. 316.193 (1) Refusal to Submit 316.1939(1)

Victim's Name (Last, First, Middle) Local Address (Street, Apt. Number) Business Address (Name, Street) Race Sex Date of Birth Address Source Occupation

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. On the 21 day of JUNE 2020 at 02:13 A.M.

On 6/21/20 at approximately 0213 hrs, I responded to 5070 Seminole Pratt Whitney RD, Loxahatchee, Fl 33470 in unincorporated Palm Beach County in reference to a possible DUI. Upon arrival, I observed a Red Honda Civic bearing FL tag EZQS40 parking on the East side of the Marathon Gas station facing westbound. The vehicle was resting on the front right rim without a tire attached. Inside the vehicle I observed a white female later identified by FL DL as Michelle Rhenas sitting behind the wheel in the driver seat and confirmed her as the sole occupant of the vehicle. I then met with Keri Chicano whom provided a sworn written statement as to the driving pattern of the vehicle and placing Michelle behind the wheel. See DUI PC for further information. Upon approaching Michelle on the driver side of the vehicle, I detected a strong odor of alcohol coming from the interior of the vehicle from approximately four feet away. As I spoke with Michelle, she was visibly upset and crying for an unknown reason. As I spoke with her I discovered the same odor of alcohol growing stronger as she spoke. Michelle stated she was leaving a party in Boca to head to her residence in Boca. Michelle was unsure where she was or how she got there. Michelle advised she did not have any medical conditions, pains, injuries, contacts, prosthetic eyes nor diabetes. Michelle was unsure of how much she had to drink. Due to my observations and the observations of others, I believed Michelle to possibly be under the influence of Alcohol. Michelle was asked to perform SFST from which she agreed. The exercise area was already cleared of any debris and was utilizing a nearby parking space divider that was level. Michelle was asked to perform HGN from which she agreed. See DUI PC for further information. Michelle was asked to perform Walk and Turn from which she agreed. See DUI PC for further information. Michelle was asked to perform One Leg Stand from which she agreed. See DUI PC for further information. Michelle was asked to perform Finger to Nose from which she agreed. See DUI PC for further information. Michelle was asked to perform Romberg Alphabet from which she agreed. See DUI PC for further information. Due to my observations of Michelle as well as her performance on the roadside exercises, Michelle was arrested for DUI pursuant to FSS 316.193(1)a. Michelle was placed in handcuffs, double locked, checked for tightness and placed in the rear passenger compartment of D/S Heckler's marked PBSO vehicle. Michelle was transported without incident to Palm Beach County Breath Alcohol Testing Center. Michelle was placed under twenty minute observation where she did not take anything by mouth nor regurgitate.

Michelle was escorted to the testing center where she refused to provide a breath sample. After reading implied consent and confirming she understood, she continued to refuse to provide a breath sample contrary to FSS 316.1939(1). Michelle was transported to Palm Beach County Main Detention Center and turned over to corrections staff.

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 21 day of JUNE 2020 by D/S M. KYSOR

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produces satisfactory identification. Type of identification: SHARILYN O'NEAL Notary Public - State of Florida Commission # FF 966854 My Comm. Expires Jun 25, 2020 Binded through National Notary Assn

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

I, D/S M. KYSOR, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 21 day of JUNE, 20 20, at 0300 P.M. A.M.

DRIVER Michelle rhenas
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R542540968700, state of FLORIDA, was placed under lawful arrest for
the offense of D.U.I. by D/S M. KYSOR and
issued Citation # a2gd6pp (Name of Arresting Officer)

That on or about the 21 day of JUNE, 20 20, at 0400 P.M. A.M.

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 one (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]
Signature of Law Enforcement Officer or Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before me this 21 day of JUNE, 20 20, by D/S M. KYSOR

Signature of Attesting Officer _____
Title _____
Date _____

[Signature] who is personally known to me or who has produced as identification

Notary Public [Signature]

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.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF JUNE 2020, AT 02:13 AM PM
SUBJECT: rhenas michelle CASE NUMBER: 20080123

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)

Keri Chicano observed the vehicle drive into a ditch and return back to the roadway. The vehicle continued driving with daytime lights only. The vehicle continued driving on Seminole Pratt at a high rate of speed. The vehicle continued to drive with the front right tire off the vehicle.

OBSERVATION OF DRIVER:

I observed Michelle Rhenas was wearing a black dress. While questioning Michelle, I observed that she seemed to be confused by my questions by not answering and looking side to side in a dazed look. Michelle had difficulty getting out of her vehicle and stumbling using the vehicle for balance. I observed Michelle Rhenas eyes appeared red and glossy. I observed that she was slurring his words and spoke with a thick tongue. Michelle was asked to exit the vehicle to perform field sobriety tasks which she agreed to. While exiting the vehicle, Michelle appeared to be shaky on his feet and walked in a widened stance in staggering steps.

DRIVER'S STATEMENTS:

I asked Michelle if she knew where she was and she stated no. When asked where she lived, she provided an address in Boca Raton. When asked where she was headed to, she stated she was leaving Boca to go to her residence.

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow, unclear

ATTITUDE: compliant, upset, crying,

CLOTHING: wearing black dress

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

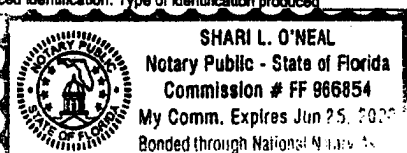
D/S M. KYSOR

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of JUNE 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

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



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:

Blood shot, glassy eyes

WALK & TURN:

I positioned Michelle on a painted white line or yellow line utilizing a nearby parking spot 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 positioned Michelle in the instructional stance and gave her instructions. I demonstrated the exercise and Michelle confirmed she understood the exercise by nodding up and down and stating "yes".

Michelle exited the instructional stance, requiring me to ask her back in it. Michelle started too soon. Michelle missed heel to toe numerous times, stepped off the line to both the left and right numerous times, stopped to steady herself numerous times, took too many steps too and back, improperly turned by stepping completely off the line, stopping and turning the opposite direction as instructed. Michelle raised her arms for balance.

ONE LEG STAND:

I placed Michelle with his feet together and arms at his side. I demonstrated the task, as I verbally instructed her on how to do the exercise. Michelle stated she understood the instructions and performed the exercise.

Michelle swayed while stationary and was unable to keep her foot raised six inches.

FINGER TO NOSE:

I placed Michele in the instructional stance for the finger to nose and gave her instructions. Michelle confirmed she understood the instructions and performed the exercise.

Michelle started too soon, missed finger to nose numerous times by touching above below and to either side of her nose, Michelle was unable to keep her eyes closed, Michelle used the wrong hand numerous times and had to be told to put her hands down every time.

ROMBERG ALPHABET:

I placed Michele in the instructional stance for the Romberg Alphabet and gave her instructions. Michelle confirmed she understood the instructions, knew the entire alphabet and performed the exercise.

Michelle was unable to recite the alphabet correctly by missing letter numerous times and repeating incorrect letters numerous times

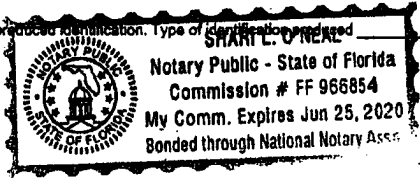
BREATH TEST RESULTS: refused refused

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 21 day of JUNE 2020 by D/S M. KYSOR

Print name of Arresting/Investigative Officer, who is personally known to me, and/or producer of identification. Type of identification produced
S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S 117.10)





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

PBSO CASE # 20080123 PBSO ZONE 18-11

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 02:13 DATE 06/21/2020 DAY _____

SUBJECT'S NAME rhenas Michelle RACE W SEX F
LAST FIRST MID

HGT 5'4 WGT 150 DOB 10/10/1996

LOCATION 5070 SEMINOLE PRATT WHITNEY RD, LOXAHATCHEE, FL 33470

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

DIVISION: RP

NOTIFIED BY COMMO 0308

ARRIVAL AT FACILITY 0335hrs

ARREST TIME _____

BREATH RESULTS:

REFUSED

NOT A CERTIFIED COPY

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

TESTING FACILITY TASK REPORT

AGENCY: **PBSO D/S KYSOR #14498**

SUBJECT: **RHENAS, MICHELLE** CASE NUMBER: **20-080123**

DATE: **06-21-20** VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **0356 HRS** ENDING TIME: **0400HRS**

BREATH TESTS RESULTS: 1) **R** TIME **0400** 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.O'NEAL #6212**

MAINTENANCE TECHNICIAN: **J. KARLECKE #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **AGITATED, UPSET, PROFANE, EMOTIONAL, MOODSWINGS, INDECISIVE, CRYING, DRAMATIC**

CLOTHING: **DRESS-MUTLI. COLORED/FLOWER PRINT**

MEDICAL CONDITIONS: **NONE**

MEDICATIONS: **NONE**

OTHER:

EYES: **VERY RED, GLASSY**
STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE
DEXTERITY: **SLOW, SLUGGISH, UNSTEADY AT TIMES**

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O KYSOR #14498
A/O REQUESTED THE BREATH TEST.
D STATED NO, I DONT KNOW.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D SUBMITTED TO THE TEST.
STARTED EXPLAINING THE BREATH PROCEDURES TO THE D, SHE DECIDED NOT TO SUBMIT AGAIN. REFUSAL
TO THE BREATH TEST CALLED.
A/O READ THE C/W ON CAMERA.
D REFUSED Q&A

SUBJECT:

Micelle Rheas

CASE NUMBER:

20080125

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 chemical test of your URINE for the purpose of determining the presence of alcohol or controlled substances.

OR

I am now requesting that you submit to a chemical test of your URINE for the purpose of determining the presence of alcohol or controlled substances.

OR

I am now requesting that you submit to a chemical test of your BLOOD for the purpose of determining the presence of alcohol or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT SIGN OTHERWISE.

I, Michael R. Williams of the Illinois State Police

am now requesting that you submit to a chemical test of your URINE for the purpose of determining the presence of alcohol or controlled substances. If you refuse to submit to the test I have requested of you, your privilege to operate a motor vehicle in the State of Illinois for a first refusal, or refusal, will be suspended for a period of 6 months. If you refuse to submit to the test I have requested of you, your license to drive a motor vehicle in the State of Illinois will be suspended for a period of 6 months. If you have been previously suspended for a first refusal, or refusal, your license to drive a motor vehicle in the State of Illinois will be suspended for a period of 12 months. Refusal to submit to the test is a misdemeanor.

SUBJECT'S SIGNATURE (X)

Michael R. Williams

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE I ASK YOU ANY QUESTIONS OR TO OBTAIN A STATEMENT FROM YOU.

- 1. You have the right to remain silent and to answer any questions.
- 2. Any statement you make may be used against you in court.
- 3. You have the right to stop the questioning at any time.
- 4. Anything you say can be used against you in court.
- 5. You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.
- 6. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford one.
- 7. You can stop answering questions at any time. You will still be held responsible for what you have said.
- 8. You are not required to answer questions and you have the right to stop answering at any time. You will still be held responsible for what you have said.
- 9. You have the right to stop answering questions at any time. You will still be held responsible for what you have said.

Michael R. Williams

NUMBER

1110-11e

CASE NUMBER

26-801

QUESTIONS AND ANSWERS

ASK YOURSELF THE SAME QUESTIONS WITH THESE QUESTIONS IN MIND. YOU HAVE THE RIGHT TO ASK ONE OR MORE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

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

IF YES, WHAT WERE YOU GOING?

IF YES, WHAT ROAD OR HIGHWAY WERE YOU ON?

WHAT 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 ARE YOU IN?

WHAT DID YOU EAT?

WHAT HAVE YOU DRUNK IN THE LAST THREE HOURS?

HOW MUCH DO YOU DRINK?

HOW LONG HAVE YOU BEEN DRINKING?

HOW MUCH?

WHAT?

WITH WHOM?

WHAT ARE YOU CURRENTLY ON MEDICATION FOR?

AND YOUR LAST DRUG?

WHAT?

ARE YOU CURRENTLY ON MEDICATION FOR ALCOHOL ABUSE?

ARE YOU CURRENTLY ON MEDICATION FOR ANY OTHER REASONS?

HOW LONG HAVE YOU BEEN ON MEDICATION FOR ALCOHOL ABUSE?

HOW LONG HAVE YOU BEEN ON MEDICATION FOR ANY OTHER REASONS?

WHAT TYPE OF MEDICATION ARE YOU ON?

WHAT?

HOW LONG HAVE YOU BEEN ON MEDICATION FOR ANY OTHER REASONS?

HOW LONG HAVE YOU BEEN ON MEDICATION FOR ANY OTHER REASONS?

WHAT ARE THE EFFECTS OF MEDICATION?

WHAT?

HOW LONG HAVE YOU BEEN ON MEDICATION?

WHAT'S WRONG?

DID YOU SUFFER A FALL ON THE GROUND RECENTLY?

HOW LONG HAVE YOU BEEN ON MEDICATION?

DO YOU TAKE ANY DRUGS OR SUBSTANCES INCLUDING MARIJUANA TODAY?

WHAT?

DO YOU SEE A DOCTOR OR DENTIST TODAY?

WHOM?

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS?

WHAT?

WHAT?

EAR INFECTION

EAR INFECTION

INNER EAR PROBLEMS

DIABETES?

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS THAT ARE NOT CORRECTED BY MEDICATION?

WHEN WAS YOUR LAST PHYSICIAN VISIT?

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS THAT ARE NOT CORRECTED BY MEDICATION?

QUESTIONS AND ANSWERS

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-080123	ZONE: 18-11	SUSPECT: Michelle Rhenals	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 6/21/20 02:40
EVENT TYPE: DUI		DEPUTY: D/S Z Legate	ID#: 20424

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Chicano		FIRST NAME: KERI		MIDDLE INITIAL: L	RACE: W	SEX: F
DATE OF BIRTH: 8/18/1983 (MM/DD/YYYY)	YOUR HEIGHT: 5'6"	YOUR WEIGHT: 200	YOUR HAIR COLOR: BROWN		YOUR EYE COLOR: Blue	
YOUR HOME ADDRESS: 194B SPARROW DRIVE			<input type="checkbox"/> CHECK IF HOMELESS	CITY: RPB	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS: 10149 LAKE WORTH RD			<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: GREENACRES	STATE: FL	ZIP: 334163
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 434-5005	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 644-0629	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: KERI.CHICANO@gmail.com		<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 Kerl Chicano	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>While driving east on Okeechobee Blvd approaching Seminole Pratt, I observed a vehicle driving westbound drive into the ditch and bounce back up onto Oke. We turned the vehicle around and followed her onto Northham Hill, all the way to Sycamore, right (east) onto Sycamore up to Seminole Pratt. The vehicle then made a left onto Seminole Pratt. At this time, her running lights were on the entire time, and she was traveling at a high rate of speed. At some point she got a flat tire and finally pulled into the Mobil gas station and pulled into the parking spot by the garbage dumpster. As that happened, the driver jumped out and squatted.</p>	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: x Kerl Chicano	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 6/21/20 TIME: 02:48 SIGNATURE: D/S Z Legate ID: 20424

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-080123	ZONE: 18-11	SUSPECT: Michelle Rhonals	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 6/21/20 02:40
EVENT TYPE: DUI	DEPUTY: D/SZ Legate	ID#: 20424	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Chicano	FIRST NAME: Keeli	MIDDLE INITIAL: L	RACE: W	SEX: F
DATE OF BIRTH: 8/18/1986 (MM/DD/YYYY)	YOUR HEIGHT: 5'6"	YOUR WEIGHT: 200	YOUR HAIR COLOR: BROWN	YOUR EYE COLOR: Blue
YOUR HOME ADDRESS: 194B Sparrow Drive	<input type="checkbox"/> CHECK IF HOMELESS	CITY: RPB	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS: 6149 Lake Worth Rd	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Greenacres	STATE: FL	ZIP: 33463
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 434-5005	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 644-0629	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: keeli.chicano@gmail.com	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Keeli Chicano	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>down to website. We noticed there was damage to the front right of the vehicle. The driver was the only occupant. After she got back into the car, we told her that her trunk was opened and asked for her keys as we were blocking her into the space. Shortly after that, two deputies arrived at Mobil, we followed the vehicle the entire time once we observed it drive in and out of the ditch on the northwest corner of Ditchhobee Blvd and Seminole Pratt.</p>	
PAGE 2 OF 2	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC <small>FSS: 117.10</small> SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 6/21/20 TIME: 02:48 SIGNATURE: D/SZ Legate ID: 20424
YOUR SIGNATURE: x Keeli Chicano	

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WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

WITNESS LIST

CASE NUMBER: 20080123

ARRESTING OFFICER: D/S M. KYSOR

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

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: Keri Chicano

ADDRESS: 194 B, Lake Worth Rd, Greenacres, FL 33463

PHONE NUMBERS (HOME) 561-644-0629 (WORK) _____

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) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY