

0466826 OCT-16261

2412

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, 5, 0, 0, 2, 0, 0		Agency Name BOCA RATON POLICE SERVICES DEPT.		Agency Report Number (N.Y.A.'s only) 3, 2, 1, 2, 0, H, 0, 1, 4, 0, 1, 7, 11, 1, 1	
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		Weapon Seized / Type 2. No N/A	
Location of Arrest (Including Name of Business) 3400 JOE RD, BOCA RATON, FL 33434				Location of Offense (Business Name, Address) 3400 JOE RD, BOCA RATON, FL 33434			
Date of arrest 1, 2, 1, 3, 2, 0		Time of Arrest 1, 9, 3, 8		Booking Date		Booking Time	
Name (Last, First, Middle) CASANOVA ZIVINA, NATALIA		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		Sex M F		Date of Birth 1, 2, 9, 7, 9, 3		Height 5' 9"	
Weight 150		Eye Color HAZEL		Hair Color BROWN		Complexion LIGHT	
Build SMALL		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Marital Status SINGLE		Religion CHRISTIAN	
Local Address (Street, Apt. Number) 717 VILLA CIR		(City) BOCA RATON		(State) FL		(Zip) 33435	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
D/L Number, State C241-C33-93-9470, FL		INS Number		Place of Birth (City, State) BOCA RATON, FL		Citizenship U.S.	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		Residence Phone	
Released To: (Name)		Relationship		Date		Time	
The above address was 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's Office (Phone 355-2586) 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 S. Sell 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 DUI WITH PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 311.611.93.913A	
Drug Activity N/A		Drug Type N/A		Amount / Unit N/A		Offense # 20-14017	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity N/A		Drug Type N/A		Amount / Unit N/A		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity N/A		Drug Type N/A		Amount / Unit N/A		Offense #	
Health/Apparent Physical Condition of Defendant				Property - Rec'd. By		Released To	
Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental; <input type="checkbox"/> Escape Risk; <input type="checkbox"/> Medication; <input type="checkbox"/> Deformities; <input type="checkbox"/> Injuries							
Check which applies: <input type="checkbox"/> Released O.R.; <input type="checkbox"/> Posted Bond; <input type="checkbox"/> Released to Parent/Guardian; <input type="checkbox"/> S. County Mental Health; <input type="checkbox"/> T.O.T. County Jail							
Transported By: _____ Date _____ Time _____ Other _____							
<input checked="" type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) SMITH COUNTY COURTHOUSE, 200 W ATLANTIC AVE, PLYMOUTH BEACH					
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month 01 Day 11 Year 2021 Time 0830 (A.M.) P.M.					
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)						Date Signed DEC 14 2020	
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]		Name Verification (Printed by Arrestee) [Signature]			
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) A. ROSETT		I.D.# 830	
Inmate/Deputy Thomas 297		Pouch #		Transporting Officer A. ROSETT		I.D.# 830	
Witness here if subject signed with "X".							

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PROBABLE CAUSE AFFIDAVIT

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

Juvenile

N

OBTS Number	Agency ORI Number FLO 5 0 0 2 0 0		Agency Name BOCA RATON POLICE SERVICES DEPT.	Agency Report Number 3 2 12 0 1 0 1 4 0 1 7 1 1
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:

Name (Last, First, Middle) CASANOVA RIVERA, NATALIA	Alias	Race W	Sex F	Date of Birth 12.07.93
Charge Description DUI PROPERTY DAMAGE	Charge Description	Charge Description	Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) Business Address (Name, Street)	(City)	(State)	(Zip)
Phone	Address Source	Phone	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. The Person taken into custody ...

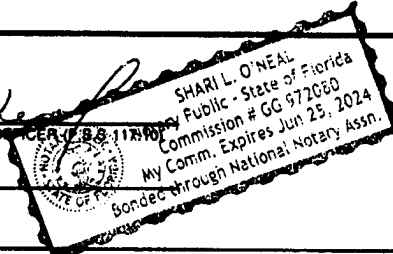
committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 13 day of 12 2021 at 1341 A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON SUNDAY, DECEMBER 13, 2020 AT 1938 HRS AT 3900 JCG RD IN THE CITY OF BOCA RATON, NATALIA CASANOVA RIVERA (DOB 12/7/93) DID COMMIT THE VIOLATION OF DRIVING UNDER THE INFLUENCE OF ALCOHOL. NATALIA CASANOVA RIVERA DID THEN AND THERE UNLAWFULLY DRIVE AND WAS FOUND IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE, TO WIT: SILVER/GRAY 2014 HUNDAI ACCENT BEARING FLORIDA TAG J6C18, WHILE SHE WAS UNDER THE INFLUENCE OF ALCOHOL TO THE EXTENT THAT HER NORMAL FACULTIES WERE IMPAIRED WITH A BLOOD ALCOHOL LEVEL OF .201% AND .203% WHICH RESULTED IN PROPERTY DAMAGE

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER <i>[Signature]</i>	NAME OF OFFICER (PLEASE PRINT) A. PASSET
DATE 12/13/20	DATE 12/13/20



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DEC 14 2020

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 13TH day of DECEMBER 2021, at 631 AM/PM: (PM)

Subject: _____ Case Number: 2021-014017

PERSONAL CONTACT

Driving Pattern: DRIVING VEHICLE THAT WAS MISSING TIRE (FRONT PASSENGER)
AS A RESULT OF TRAFFIC CRASH

Observation of Driver: DRIVER APPEARED LOST, CONFUSED, AND DISORIENTED.
DRIVER'S EYES WERE BLOODSHOT AND GLASSY, UNSTEADY BALANCE

Driver's Statement: DRIVER STATED THAT SHE HAD BEEN OUT CELEBRATING
HER BIRTHDAY IN DELRAY BEACH AND BOCA RATON

Odors: STRONG ODOOR OF ALCOHOLIC BEVERAGE FROM HER BREATH
AFTER REMOVED FROM VEHICLE

GENERAL OBSERVATIONS

Speech: SLURRED

Attitude: ARGUMENTATIVE, STATEMENTS DID NOT MAKE SENSE

Clothing: DENIM JACKET, DRESS, SANDALS

Medical Problems: DIFFICULTY SEEING UP CLOSE

Medications: N/A

Other: N/A

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Right eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Right eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Distinct jerking right eye maximum deviation

Can not do, Why? N/A

Walk and turn: DID NOT KEEP ARMS AT SIDE OR STAND STILL (ORBITAL SWAY). WHILE WALKING, SHE EXTENDED ARMS TO MAINTAIN BALANCE. BEGAN WALKING OFFLINE ON 3RD STEP FIRST PASS AND 2ND STEP DURING SECOND PASS. NONE OF THE STEPS WERE HEEL TO TOE.

Can not do, Why? N/A

One leg stand: DID NOT LIFT FEET OF THE GROUND. DID NOT COUNT OUT LOUD AS INSTRUCTED

Can not do, Why? N/A

Finger to nose: DID NOT USE FINGER TIP AS INSTRUCTED AND USE FULL HAND. STOPPED DURING EXERCISE AND DID NOT CONTINUE.

Can not do, Why? _____

Alphabet (speech pattern): UNABLE TO MAKE IT TO "C"

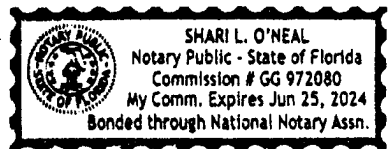
Can not do, Why? N/A

Breath/Blood test results: .200 & .203

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 12-13-20 (date) by _____

S. O'Neal _____ 12-13-20
Notary/Clerk of Court/ Officer (FSS 117.10) Date

[Signature] _____ A. Posset
Signature of Arresting Officer Name of Officer (print)



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ARRESTING OFFICER: A. BOSSET

Name: A. BOSSET Phone # (501) 368-6201 Work # _____

Address: 100 NW 2ND AVE, BEN RATAV, FL

Can testify to: STOP, SEFT, Arrest

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2020-04017

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is SUNDAY, 12, 13, 2020.
(day) (month) (date) (year)

B. The time is now approximately 2141 HRS AM/PM.

C. The following is in reference to case number 2020-04017.

D. Present at this time is A. Pisset of the Boca Raton Police Department
(Officer's Name)

E. Officer Pisset, have you arrested NATALIA CASANVA AVENUE in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? YES

G. Mr./Mrs./Ms CASANVA AVENUE, I am required to inform you these
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your URINE for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am Off. PASSET of the Belen Patrol Police.

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 Signature: ON VIDEO

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
(2) Any statement you make must be freely and voluntarily given. Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. Tell me in your own words what you think this means (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. Tell me in your own words what you think this means (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
(7) Any statement can be and will be used against you in a court of law. Tell me in your own words what you think this means (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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DEC 14 2012



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: CASANVA RIVERA, NATALIA

CASE #: 2020-014017 DATE: 12/13/2020

BREATH TEST RESULTS

- 1) TIME .203 @ 2149 AM/PM 2) TIME .200 @ 2151 AM/PM
- 3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: S. CAWENS #3184

MAINTENANCE TECHNICIAN: J. KARLCKE #6067

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Argumentative, rambling and did not make sense

CLOTHING: JEAN (DENIM) JACKET, DRESS, SANDALS

MEDICAL CONDITION: DIFFICULTY SNIFF UP NOSE

OTHER: N/A

COMMENTS:

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Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: CN CAMERO Date: 12/13/20 Time: 2:41

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

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How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

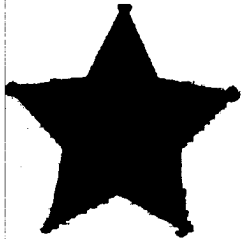
Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately _____ AM/PM.

The date is _____ (month) _____ (day) _____ (year)

DEC 14 2011



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

PBSO CASE # 20136458 PBSO ZONE 7-11

AGENCY CASE # 2020-014017 CRASH CASE # 2020-014017

TIME OF STOP/CRASH 1841 DATE 12/13/2020 DAY SUNDAY

SUBJECT'S NAME CASANOVA LIVERA, NATALIA RACE W SEX F

HGT 5'9" WGT 150 DOB 12/07/1993

LOCATION 3906 JOL RD, BOCA RATON, FL 33434

ARRESTING OFFICER'S NAME & ID AARON PUSSET #838 AGENCY BOCA RATON

DIVISION: Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2120

BREATH RESULTS:

Arrest Time 1938

1. 203
2. 200
3. /
4. /

TESTING OFFICER'S ID 3184

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DEC 14 2020

TESTING FACILITY TASK REPORT

AGENCY: JBOCA RATON P.D.

SUBJECT: CASAVOVA RIVERA, NATALIE MARIE

CASE NUMBER: 20136458

DATE: 12/13/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2141

ENDING TIME: 2155

BREATH TESTS RESULTS: 1) .203 TIME 2149 A.M. P.M. 2) .200 TIME 2151 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:

ATTITUDE: QUIET, CO-OPERATIVE

CLOTHING: FLIP FLOPS, GREY DRESS, JEAN JACKET

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 2120 HOURS. A/O OBSERVED 20 MINUTES.

A/O REQUESTED BREATH TEST, DEFENDANT REFUSED. A/O READ I/C, DEFENDANT UNDERSTOOD AND AGREED TO TAKE TEST.

NO PROBLEM WITH TEST. TECH EXPLAINED RESULTS A/O READ C/W. DEFENDANT REFUSED Q & A BECAUSE SHE WANTED A LAWYER..

DEC 14 2020

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: 80-006476 Software: 8100.27
Date of Test: 12/13/2020

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 21:20
Subject's Name: NATALIA M CASANOVA RIVERA

DOB: 12/07/1993 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		21:47
Air Blank	0.000	21:47
Control Test	0.079	21:47
Air Blank	0.000	21:48
Subject Sample #1	0.203	21:49
Air Blank	0.000	21:49
Air Blank	0.000	21:51
Subject Sample #2	0.200	21:51
Air Blank	0.000	21:52
Control Test	0.078	21:53
Air Blank	0.000	21:53
Diagnostics Check OK		21:53

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I, SUE OWEN, 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: 12/13/2020
Signature

Sworn to (or affirmed) before me this 13th day of December 2020

Signature of Notary Public-State of Florida: [Signature] Printed Name of Notary Public-State of Florida: ofc A. Posset

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.

DEC 14 2020

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: _____

SUBJECT: _____ CASE NUMBER: _____

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) _____

Bio Data	Employer Address	Warrants	National Rapsheet	Electronic Rapsheet
RISC				

Bio Data

Name: CASANOVARIVERA, NATALIA MARI
 Date of Birth: 12-7-1993
 Place of Birth:
 Race: W
 Gender: F
 Height: ft. in.
 Weight:
 Eye Color: BRO
 Hair Color: BRO

Marks

TAT L ARM

Aliases

III:

QH FL0500023 637817EH4NATALIA
 CASANOVARIVERA C
 --NCIC--
 QH MESSAGE HAS BEEN SENT TO NCIC.
 --END--

--NCIC--
 7L01FLA0745840777
 FL0500023
 THIS NCIC INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR
 INQUIRY ON NAM/CASANOVARIVERA,NATALIA PUR/C FBI/637817EH4
 NAME FBI NO. INQUIRY DATE
 CASANOVARIVERA,NATALIA MARIE 637817EH4 2020/12/14

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR PHOTO
 F W 1993/12/07 509 130 BRO BRO N

BIRTH PLACE
 FLORIDA

FINGERPRINT CLASS PATTERN CLASS

SOCIAL SECURITY

IDENTIFICATION DATA UPDATED 2015/04/17

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE
 FOLLOWING:
 FLORIDA - STATE ID/FL08166141

CERTIFIED COPY



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: 2020029173	Date: 12/14/2020
	Specialist Name/ID: B Evans / 23649

DEC 14 2020