

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

2021 14516
3. Request for Warrant
4. Request for Capias

1 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) 06-20-126420	
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
Location of Arrest (Including Name of Business) State Road 80/ E Road, Loxahatchee FL			Location of Offense (Business Name, Address) State Road 80/ E Road, Loxahatchee FL			
Date of Arrest 11/13/2020	Time of Arrest 0138	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle All Florida

Name (Last, First, Middle) Capocefalo, Nicole, Marie						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 9/15/1999	Height 5'07	Weight 125	Eye Color BR	Hair Color BL	Complexion Fair	Build SM			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) left and right chest, left arm, neck						Marital Status Single	Religion CATHOLIC	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 14718 Gruber Lane, Loxahatchee FL 33470				Phone (954) 778 1633		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/> 2					
Permanent Address (Street, Apt. Number)				Phone		Address Source Def					
Business Address (Name, Street)				Phone		Occupation Bartender					
DL Number, State C121633998350, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Ft Lauderdale FL		Citizenship US			

Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Parent Name (Last) (First) (Middle)										Residence Phone	
Legal Custodian											
Other											
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.						School Attended			Grade			
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)												
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 Driving Under the Influence					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 # 20-126420	Warrant / Capias Number		Bond				
Charge Description Driving on Suspended driver license with knowledge					Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 322.34(2)G		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit		Offense # 20-126420	Warrant / Capias Number		Bond				
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit		Offense #	Warrant / Capias Number		Bond				
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit		Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600											
Court Date and Time Month 12 Day 19 Year 20 Time 8:30 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)										Date Signed 11/13/2020	

HOLD for other Agency Name:			Signature of Arresting Officer X			Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous	<input checked="" type="checkbox"/> Re-arrested	<input type="checkbox"/> Other	Name of Arresting Officer (Print) A. Soloway 8586		I.D. # 8586	(PRINT)			
Intending to file with		I.D. #	Transporting Officer A. Soloway		ID # 8586	Agency PBSO	Witness here if subject signed with an 'X' 1 OF 1		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF November 2020 AT 0131 PM

SUBJECT: Capocefalo, Nicole, Marie CASE NUMBER: 20-126420

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist DS Evans #31294 with a possible impaired driver. Upon my arrival he advised me:
On Friday, November 13th, 2020, at approximately 00:31 hours, I responded to the area of State Road 80 and Jog Road in unincorporated Palm Beach County, State of Florida, in reference to a drunk driver call.

The initial complainant was following the vehicle and gave continued updates on the location. The complainant advised that the vehicle was traveling westbound on State Road 80 and that it just struck several traffic cones near the intersection of Sansbury Way. The complainant also gave the description of the vehicle, which was described as a black Volkswagen with FL Tag JJ0LR attached. I obtained a visual of the vehicle at the intersection of State Road 80 and Crestwood Blvd. I followed the vehicle westbound on State Road 80 and observed the vehicle leave its travel lane several times onto the shoulder. I queried the Tag on the vehicle via PBSO communication and was advised that the registered owner had a suspended license and seize tag order in the system. I initiated a traffic stop on the vehicle based on my observations and information provided to me. I made contact with sole occupant and driver Nicole Capocefalo (w/L, 9/15/99) who was also identified as the registered owner of the vehicle. Upon contact, Capocefalo was mumbling, slurring her speech and did not appear coherent. I also observed her eyes to be bloodshot red and glassy.

OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of her vehicle. She had an strong odor of an unknown alcoholic beverage on her breath. This odor intensified as she spoke. Her eyes were red and glassy. Her speech was slurred. She displayed mood swings from joking to being belligerent. She was vulgar and verbally abusive while at the BAT. While in the holding cell, she flushed the toilet numerous times and said she was going to continue to do it until she was able to make a phone call. I advised her to stop or she would be placed into handcuffs. She flushed it two more times so I placed her back into handcuffs.

DRIVER'S STATEMENTS:

The defendant stated she was coming from Boca and heading home. She denied consuming any alcohol in the past 2 days. She stated she is a bartender. She denied having any medical conditions or physical abnormalities.

A routine computer check revealed the defendant's driver license was suspended on 10/7/20 for

ODORS:

She had an strong odor of an unknown alcoholic beverage on her breath. This odor intensified as she spoke.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: mood swings

CLOTHING: pants, tank top, jacket

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586

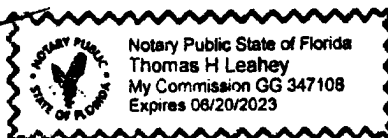
(Signature of Arresting/Investigative Officer)

This foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of November 2020 by A. Soloway 8586

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

Thomas Leahey (#19183)

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



SUBJECT: Capocefalo, Nicole, Marie

CASE NUMBER 20-126420

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

The defendant displayed sustained VGN. She lost her balance during this task and almost fell.

WALK & TURN:

The defendant was unable to maintain her balance during the instructional phase. During the instructions she stated she did not want to perform the tasks. I advised her that failure to perform the tasks can be used against her in court and I would be forced to conclude my investigation and base my decision as to her impairment solely on the facts at hand. She then stated she would perform the tasks. I instructed her to stand on the line again and she stood on it sideways. She then said she did not want to continue with the tasks. I asked her if she was aware of the repercussions and she said yes.

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

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

A. Soloway 8586

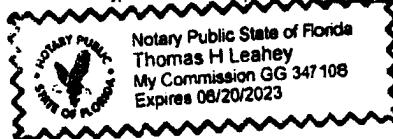
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of November 2020 by A. Soloway 8586

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

Thomas Leahey (#19183)

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



SUBJECT: Cappacella, Nicole M CASE NUMBER: 20-126420

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 Cpl A Soloway #8586 of the PBSO

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

SUBJECT'S SIGNATURE: (X) Read on camera

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Cape Fear, N Cole M CASE NUMBER: 20 126420

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: _____

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0155 hrs.

subject refused to perform breath test - I want a lawyer

A/O read I/C & subject understood I/C

subject refused to perform breath test - I want a lawyer

A/O read rights & subject understood rights

A/O did not attempt Q&A

subject invoked right to counsel

REFUSED



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

PBSO CASE # 20-126420 PBSO ZONE 9-11

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0131 DATE 11/13/2020 DAY Friday

SUBJECT'S NAME Capocefalo, Nicole, Marie RACE W SEX F

HGT 5'07 WGT 125 DOB 9/15/1999

LOCATION State Road 80/ E Road, Loxahatchee FL

ARRESTING OFFICER'S NAME & ID A. Soloway 8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0155

ARREST TIME 0138

BREATH RESULTS:

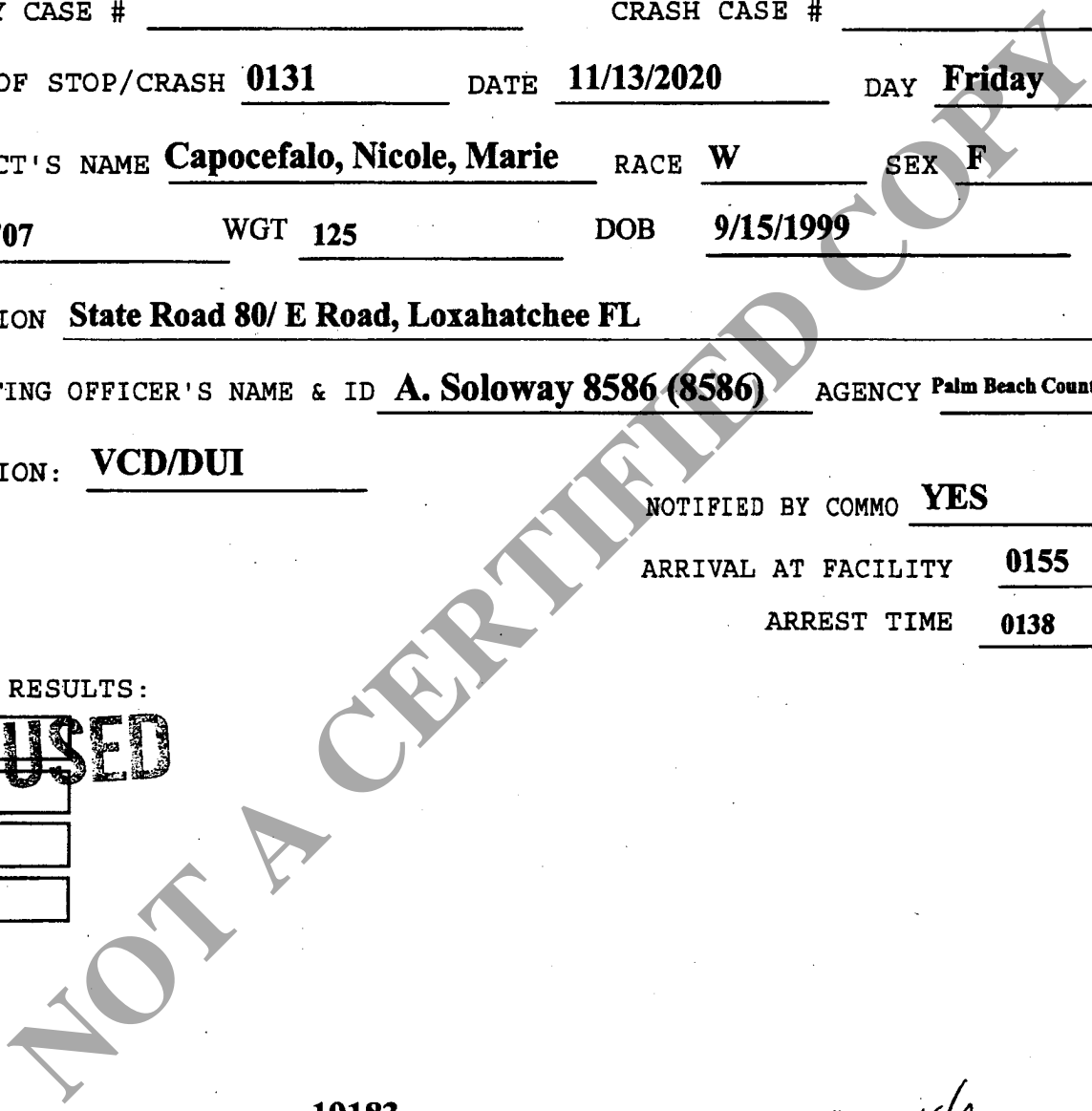
REFUSED

3) _____

4) _____

TESTING OFFICER'S ID 19183

PBSO VIDEOTAPE # N/A



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

20-126420

I, A. Soloway 8586, 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 13 day of November, 20 20, at 0138 P.M. A.M.

DRIVER Nicole Marie Capocéfalo,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C121633998350, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence by A. Soloway 8586 and
issued Citation # A2GCVOP
(Name of Arresting Officer)

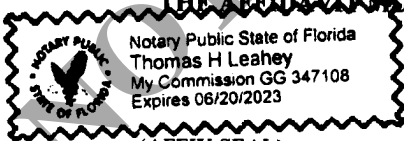
That on or about the 13 day of November, 20 20, at 0218 P.M. A.M.
in Palm Beach County,

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 of Law Enforcement Officer or
Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

The foregoing instrument was sworn and subscribed before
me this 13 day of November, 20 20,
by A. Soloway 8586,

who is personally known to me or who has produced
Known LEO as identification

Notary Public Thomas Leahey (#19183) 

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.

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile <input type="checkbox"/>
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
	Agency Report Number 06-20126420		Special Notes:	
DEF	Name (Last, First, Middle) Capocefalo, Nicole, Marie		Race W	Sex F
	Date of Birth 09/15/1999		Alias	
CHARGES	Charge Description DUI		Charge Description 316.193	
	Charge Description		Charge Description	
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA, ,		Race	Sex
	Date of Birth		Occupation	
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone		Address Source	
	Business Address (Name, Street) (City) (State) (zip) Phone		Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 13th day of November 2020 at 01:00 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Friday, November 13th, 2020, at approximately 00:31 hours, I responded to the area of State Road 80 and Jog Road in unincorporated Palm Beach County, State of Florida, in reference to a drunk driver call.</p> <p>The initial complainant was following the vehicle and gave continued updates on the location. The complainant advised that the vehicle was traveling westbound on State Road 80 and that it just struck several traffic cones near the intersection of Sansbury Way. The complainant also gave the description of the vehicle, which was described as a black Volkswagen with Fl Tag JJ0LR attached. I obtained a visual of the vehicle at the intersection of State Road 80 and Crestwood Blvd. I followed the vehicle westbound on State Road 80 and observed the vehicle leave its travel lane several times onto the shoulder. I queried the Tag on the vehicle via PBSO communication and was advised that the registered owner had a suspended license and seize tag order in the system. I initiated a traffic stop on the vehicle based on my observations and information provided to me. I made contact with sole occupant and driver Nicole Capocefalo (w/f, 9/15/99) who was also identified as the registered owner of the vehicle. Upon contact, Capocefalo was mumbling, slurring her speech and did not appear coherent. I also observed her eyes to be bloodshot red and glassy.</p> <p>Based on my initial observations and behavior, I requested a DUI unit to respond to the scene. Inv. Soloway #8586 responded to the scene and conducted a DUI investigation.</p> <p>This is a supplement Probable Cause Affidavit to the original</p>				
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S D.Evans 31294	
	(Signature of Arresting/Investigative Officer)			
	The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of November 20 20 by D/S D.Evans		known LEO	
	(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced			
	D/S W Amadon #9440		#7940	
	Notary Public, Clerk of Court, Officer (P.S.S. 117.10)			
			PAGE 1 OF 1	

WITNESS LIST

CASE NUMBER: 20-126420

ARRESTING OFFICER: A. Soloway 8586

ADDRESS: PBSO

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Evans 31294

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Stopping DS

NAME: Nino, Christopher, Ray

ADDRESS 506 Mayflower Rd, West Palm Beach, FL 33405

PHONE NUMBERS (HOME) (940) 923 6927 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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