

21CT 984

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

| | | | | | | | | | | |
|--|---|---|--|--|--|---|---|--|--|------------------------|
| ADMINISTRATIVE | OBTS Number | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06- 21-027830 | | | |
| | Charge Type: Check as many as apply. | | Weapon Seized / Type | | Multiple Clearance Indicator | | 01 | | | |
| | 1. Felony 2. Traffic Felony | | 3. Misdemeanor 4. Traffic Misdemeanor | | 5. Ordinance 6. Other | | 1. Yes 2. No NONE | | | |
| DEFENDANT | Location of Arrest (Including Name of Business) S STATE ROAD 7 / GLADES ROAD | | | | Location of Offense (Business Name, Address) S STATE ROAD 7/ GLADES ROAD, BOCA RATON / FL /33498 | | | | | |
| | Date of Arrest 01/21/2021 | Time of Arrest 2112 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle ACCESS TOWING | | | |
| | Name (Last, First, Middle) Jimenez, Olga, L | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | |
| | Race W - White I - American Indian B - Black O - Oriental/Asian | Sex W F | Date of Birth 10/17/1974 | Height 5'04 | Weight 130 | Eye Color BROWN | Hair Color BLACK | Complexion MED | Build MED | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE | | | | Marital Status SINGLE | Religion NONE | Indication of: Alcohol Influence Drug Influence | | | |
| | Local Address (Street, Apt. Number) 6752 Heritage Grande Apt 204, Boynton Beach, FL 33437 | | | | City | (State) | (Zip) | Phone (561) 703 6295 | Residence Type: 1. City 2. County 3. Florida 4. Out of State 2 | |
| | Permanent Address (Street, Apt. Number) | | | | City | (State) | (Zip) | Phone | Address Source FL DL | |
| | Business Address (Name, Street) | | | | City | (State) | (Zip) | Phone | Occupation MEDICAL | |
| | DL Number, State J552652748770, FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) EL SALVADORE | | 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 | | | | |
| Parent Legal Custodian Other: | | Name (Last) | | (First) | (Middle) | Residence Phone | | () | | |
| Address (Street, Apt. Number) | | (City) | | (State) | (Zip) | Business Phone | | | | |
| Notified by: (Name) | | Date | | Time | Juvenile Disposition 1. Handled/ processed within Dept. and Released. | | 2. TOT HRS / DYS 3. Incarcerated | | | |
| Released To: (Name) | | Relationship | | Date | Time | | | | | |
| The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | | | School Attended | | Grade | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | Value of Property | | | | | | |
| Drug Activity N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Dispense/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other | 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 type="checkbox"/> N | Statute Violation Number 316.193(1)a | | Violation of ORD # | | | | |
| Drug Activity N | Drug Type N | Amount / Unit | Offense # 21-027830 | Warrant / Capias Number | | Bond | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input 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 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 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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-3500 | | | | | | | | | | |
| Court Date and Time Month FEB Day 18TH Year 2021 Time 08:30 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. 01/21/2021 | | | | | | | | | | |
| Signature of Defendant or Juvenile and Parent /Custodian | | | | | | Date Signed | | | | |
| HOLD for other Agency Name: | | Signature of Arresting Officer JUV W Amadon #9440 | | | Name, Verification Number (Printed by Arrestee) SCANNED | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | Name of Arresting Officer (Print) INV. W. AMADON | | I.D. # 9440 | | PAGE | | |
| Intake Deputy June 2016 | | I.D. # | Pouch # | Transporting Officer INV. W. AMADON | | ID # 9440 | Agency PBSO | Witness here if subject signed with an "X" | | |
| DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY) | | | | | | | | 1 OF 1 | | |

0520907

3215

| | | | | | | | | | |
|---|-------------------------------------|--|-------------|---------------------------------------|---|-------------------|----------|----------------|--|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | 0 | |
| ADMIN | Agency ORI Number | Agency Name | | Agency Report Number | | | | | |
| | FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | | 06- 21-027830 | | | | | |
| Charge Type Check as many as apply | | Special Notes: | | | | | | | |
| <input type="checkbox"/> 1. Felony | | <input checked="" type="checkbox"/> 3. Misdemeanor | | <input type="checkbox"/> 5. Ordinance | | | | | |
| <input type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 6. Other | | | | | |
| DEF | Name (Last, First, Middle) | | Alias | Race | Sex | Date of Birth | | | |
| | Jimenez | | Olga | W | F | 10/17/1974 | | | |
| CHARGES | D.U.I. | | 316.193(1) | | | | | | |
| | | | | | | | | | |
| VICTIM | Victim's Name (Last, First, Middle) | | Race | Sex | Date of Birth | | | | |
| | Local Address (Street, Apt. Number) | | (City) | (State) | (zip) | Phone | | Address Source | |
| | Business Address (Name, Street) | | (City) | (State) | (zip) | Phone | | Occupation | |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><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</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>21</u> day of <u>January</u>, 20<u>21</u> at <u>1926</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Thursday, January 21, 2021, at approximately 1926 hours, I responded to the intersection of U.S Highway 441 and State Road 808 (Glades Road) in unincorporated Boca Raton, FL 33428, in reference to a vehicle crash.</p> <p>Upon my arrival, I observed a Black Nissan Altima, Bearing License Plate#INZ J12 and a Black BMW Bearing License Plate#INV J12 parked on the North bound's east side lane of U.S. Highway 441, just before the traffic signal of State Road 808. I observed the Nissan Altima driver on the vehicle's driver's side while the car was still on.</p> <p>The Driver of the Black BMW stated that she was at a complete stop on the outermost right lane, Northbound on U.S. Highway 441, right before State Road 808. She suddenly felt that another vehicle impacted the rear of her car. She and the other vehicle's female driver pulled to the right shoulder of the road, where she observed a white female later identified as Olga Jimenez as the driver and sole occupant of the vehicle.</p> <p>I then approached the Black Nissan Altima driven by Olga Jimenez. I approached the female driver's side of the vehicle, and as the female started to talk to me, I noted the female speech slurred, and her eyes were glassy. As I asked the female to provide me with her insurance card, the female provided me with two different insurance cards belonging to other vehicles. I gave the female back her documentation, But the female was unable to retrieve the papers from my hand, as she seemed to lack coordination on her hands. I then told the female to exit the vehicle; as the female exited the vehicle, she could not maintain her balance and almost fell to the floor multiple times. The female held on to her car for balance In order not to fall into the floor. I then told the female to get back into her vehicle for her safety.</p> <p>Based on the above mentioned, I requested a Palm Beach County Sheriff's Office DUI unit to respond to the incident to conduct a DUI investigation. Investigator Amadon #9440 responded to the scene and took over the investigation.</p> <p>D/S T. Torres #36859</p> | | | | | | | | | |
| <p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S T. Torres (ID #) 36859 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>21</u> day of <u>January</u>, 20<u>21</u> by <u>D/S T. Torres</u> 36859 KNOWN <u>JAN 21 2021</u> SHERIFF</p> <p><u>D/W W. Amadon #9440</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> | | | | | | | | | |
| ADMINISTRATIVE | | | | | | | | | |
| | | | | | | | | | |



Palm Beach County Sheriff's Office

Date 01/21/2021 Time: 21:12 Defendant: JIMENEZ, OLGA L Case #: 21-027830
 Location of Stop: S STATE ROAD 7/ GLADES ROAD Defendant D.O.B.: 10/17/1974 Defendant Race / Sex : W F
 Location of Roadside: S STATE ROAD 7/ GLADES ROAD Crash Case # 21-027810

VEHICLE IN MOTION

Vehicle Description: Year: 2015 Make: NISS Model: ALTIMA Color: BLACK Tag #: INZJ12 State: FL
 Violations Observed: N/A
 Citation #(s): N/A

PERSONAL CONTACT

Driver Identification: FLORIDA DRIVER LICENSE Did driver exit vehicle? Yes No

- Manner - Falling Unsteady Leans on Vehicle Swaying Other: _____
- Odor of breath alcohol/other - Strong Moderate Slight None
- Eyes - N/A Glassy Red Bloodshot Watery Dilated Constricted
- Speech - N/A Slurred Slow Thick Tongued Incoherent Rambling Accent
- Walking - N/A Staggering Stumbling Weaving Falling
- Standing - N/A Swaying Needs Support Leaning Falling
- Clothing - N/A Disheveled Soiled Missing Neat Explain: _____
- Attitude - N/A Hostile Aggressive Profane Other: COOPERATIVE
- Medications - N/A Yes No Names _____

Time of Consumption: _____

HEALTH

Are you sick? Yes No Are you injured? Yes No
 Do you wear contacts? Yes No If yes, what type? Rigid Soft Do you wear glasses? Yes No
 Do you have any physical defects? Yes No If yes, specify: _____
 Do you take any medication? Yes No If yes, specify: _____
 Diabetic? Yes No Are you taking insulin? Yes No Epileptic? Yes No Glass eye? Yes No
 Are you presently under the care of a doctor of dentist: Yes No If yes, which? _____
 What are you being treated for? _____

ENVIRONMENTAL FACTORS

- Area/Conditions - Day Night Wind - Calm Windy Rain
- Traffic - Heavy Moderate Light
- Area - Parking Lot Roadside Other: _____
- Surface - Paved Level Hard Dry Other: _____
- Lighting - Street Light Car Lights Other: _____

F.S.T. - Yes No Refused (If refused, was person advised they could be arrested and their refusal used in court?) Yes No
 Witness to F.S.T.: INV. A. SOLOWAY #8586
 Arrested? Yes No
 Additional Charges: DWLS No DL Warrant Resisting Possession Other: _____

Sworn and subscribed before me, this 21 day of JANUARY, 2021

Notary Public Law Enforcement Officer

Personally known Produced Identification

Name and signature of Notary: [Signature]

Signature: INV. W. Amadon **SCANNED**
 INV. W. AMADON #9440
 Print Name & Officer ID#: _____

SHARI L. O'NEAL
 Notary Public - State of Florida
 Commission # GG 972080
 My Comm. Expires Jun 25, 2024
 Bonded through National Notary Assn.

JAN 22 2021

Date: 01/21/2021 Time: 21:12 Defendant: JIMENEZ, OLGA L Case #: 21-027830

FIELD SOBRIETY TASKS ADMINISTERED

H.G.N.

| Left | Right |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Lack of smooth pursuit:
 Distinct and Sustained Nystagmus at maximum deviation:
 Onset prior to 45 degrees:
 Vertical Nystagmus observed:
 Lack of Convergence: Yes No Refused to do exercise

WALK AND TURN

1. Steps from line during instructions. 2. Starts too soon. 3. Stops while walking.
 4. Does not touch heel to toe. Y Y Y Y Y Y Y Y Y Y down additional
Y Y Y Y Y Y Y Y Y Y back additional
 5. Incorrect number of steps. & 6. Raises arms for balance.
 7. Improper turn. Describe: TURNED TO THE RIGHT AND STUMBLER
 8. Steps off line/loses balance. Step #: MULTIPLE
 9. Cannot do exercise. Explain:
 10. Type of line used: YELLOW TAPE 11. Type of footwear: SNEAKERS Removed original footwear?: NO
 12. Refused to do exercise.

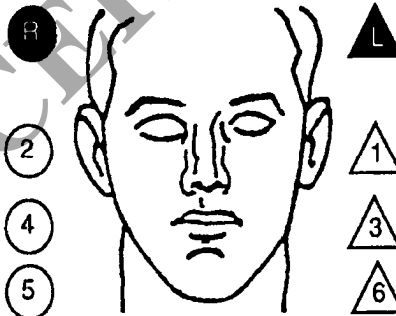
ONE LEG STAND

1. Sways while balancing. 2. Uses arms for balance. 3. Hopping.
 4. Puts foot down. 5. Cannot do exercise. Explain:
 # of seconds: 3X PRIOR TO 30 SECONDS 6. Refused to do exercise.

ALTERNATIVE TASKS

Finger to Nose

1. Keeps eyes open.
 2. Does not return arms to side.
 3. Fails to touch nose.
 4. Uses wrong hand.
 5. Unable to do exercise.
 Explain:
 6. L R L R R L
 7. Refused to do exercise.



Rhomberg/Balance/Alphabet

1. Opens eyes.
 2. Sway while balancing.
 3. Raises arms to balance.
 4. Estimates 30 seconds at:
 5. Misses alphabet recitation.
 Explain: STUTTERED AND SAID "Y AND Z"
 6. Cannot do exercise.
 Explain:
 7. Refused to do exercise.
 Explain:

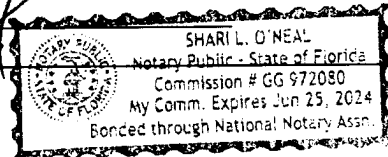
Explain:
 Notes:

SEE PAGE 3

Sworn and subscribed before me, this 21 day of JANUARY, 20 21

Notary Public Law Enforcement Officer
 Personally known Produced identification

Shari L. O'Neal
 Name and signature of Notary



Law W. Amadon #9440

Signature

INV. W. AMADON #9440

Print Name & Officer ID#:

SCANNED

JAN 22 2021

Date: 01/21/2021 Time: 21:12 Defendant: JIMENEZ, OLGA L Case #: 21-027830

ADDITIONAL PROBABLE CAUSE ALTERNATIVE TASKS

The defendant stated post Miranda that she went to Chilli's and drank two glasses of chardonnay wine. The defendant stated she left work at approximately 1650 hours. While performing the one leg stand she miscounted "one thousand four, one thousand six."

The defendant did not keep her head tilted back during both finger to nose and Rhomberg alphabet. on the finger to nose task the defendant used the wrong hand to start. I asked if she would prefer to lower her mask below her nose and she stated she would. I then started the task over and she searched in front of her face with her hand on 1, touched the right side of her nose on 2, was under her nose on 3, 5 and 6.

NOT A CERTIFIED COPY

SCANNED
JAN 22 2021

Sworn and subscribed before me, this 21 day of JANUARY, 20 21

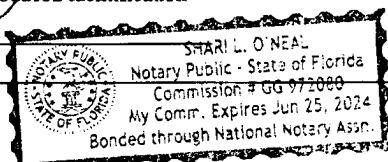
- Notary Public Law Enforcement Officer
- Personally known Produced identification

INV W Amadon #9440

Signature

INV. W. AMADON #9440

Name and signature of Notary



Print Name & Officer ID#:

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

I, Deputy Sheriff WILL AMADON, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the TWENTY-FIRST day of January, 2021, at 21:12

DRIVER OLGA L JIMENEZ
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # J552652748770, state of FL, was placed under lawful arrest for

the offense of DUI by INV. WILL AMADON and
(Name of Arresting Officer)

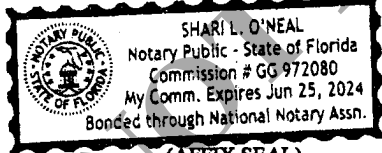
issued Citation # AEA7ARE.

That on or about the TWENTY-FIRST day of January, 2021, at 22:20
in Palm Beach County,

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

INV W Amadon #19440
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 this 21 day of JANUARY, 2021 by _____

who is personally known to me or who has produced _____ as identification.

Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.

WITNESS LIST

CASE NUMBER: 21-027830

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: INV. A. SOLOWAY #8586

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

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S T. TORRES #36859

ADDRESS 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: DAUITO, LAINE M

ADDRESS 5775 NE VERDE CIRCLE

PHONE NUMBERS (HOME) 561 405 5518 (WORK) 0

CAN TESTIFY TO: WHEEL WITNESS/VICTIM

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: _____

SCANNED

JAN 22 2021



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

PBSO CASE # 21-027830 PBSO ZONE 7-33

AGENCY CASE # _____ CRASH CASE # 21-027810

TIME OF STOP/CRASH 1918 DATE 01/21/2021 DAY Thursday

SUBJECT'S NAME Jimenez, Olga, L RACE H SEX F

HGT 5'04 WGT 130 DOB 10/17/1974

LOCATION S STATE ROAD 7 / GLADES ROAD

ARRESTING OFFICER'S NAME & ID INV. W. AMADON (9440) AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2150hrs

ARREST TIME 21:12

BREATH RESULTS:

| | |
|----|--|
| 1) | |
| 2) | |
| 3) | |
| | |

REFUSED

NOT A CERTIFIED COPY

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

SCANNED
JAN 22 2021

TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. AMADON #9440

SUBJECT: JIMENEZ, OLGA L. CASE NUMBER: 21-027830

DATE: 01-21-21 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2217 HRS ENDING TIME: 2230 HRS

BREATH TESTS RESULT: **REFUSED** 1) ME 22:00 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: ACCENT

ATTITUDE: CALM, COOPERATIVE, POLITE, EMOTIONAL, UPSET

CLOTHING: JACKET- GRAY SHIRT- TURQOISE GREEN SCRUB SHIRT PANTS- TURQOISE GREEN SCRUB PANTS

MEDICAL CONDITIONS: LIVER TRANSPLANT ALLERGIC TO A ANTIBIOTIC/CAN'T REMEMBER THE NAME

MEDICATIONS: D STATED NO MEDS. RIGHT NOW

OTHER:
EYES: RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O AMADON #9440
A/O REQUESTED THE BREATH REQUEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.
D UNDERSTOOD THE I/C.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ.
C/W READ ON SCENE.
Q&A CONDUCTED.
VIDEO CONCLUDED.

SCANNED
JAN 22 2021

SUBJECT: Jimenez, Olga L. CASE NUMBER: 21-02730

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 Im. Andron # 9410 of the 1110

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) [Signature]

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.

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JAN 22 2021

SUSPECT'S SIGNATURE: (X) [Signature]

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

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? YES

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? 401

DIRECTION OF TRAVEL? N WHERE DID YOU START? 1000 W 1000

WHAT TIME DID YOU START? 3:50 PM WHAT TIME IS IT NOW? 4:00

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? THURSDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? ALABAMA

WHEN DID YOU LAST EAT? 3:50 WHAT DID YOU EAT? PIZZA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? DRIVING

HOW MUCH DO YOU WEIGH? 300 HAVE YOU BEEN DRINKING? NO WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 2:00 AND YOUR LAST DRINK? 4:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? S

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? DRIVER WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? _____ WHEN? _____

DO YOU HAVE:

| | |
|--------------------|-----------|
| EPILEPSY? | <u>NO</u> |
| GLASS EYE? | <u>NO</u> |
| FALSE TEETH? | <u>NO</u> |
| EAR INFECTION? | <u>NO</u> |
| INNER EAR TROUBLE? | <u>NO</u> |
| DIABETES? | <u>NO</u> |

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER: [Signature]



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: 2021001790 | Date: 01/22/2021 |
| | Specialist Name/ID: C. Denzel/8691 |

SCANNED
 JAN 22 2021